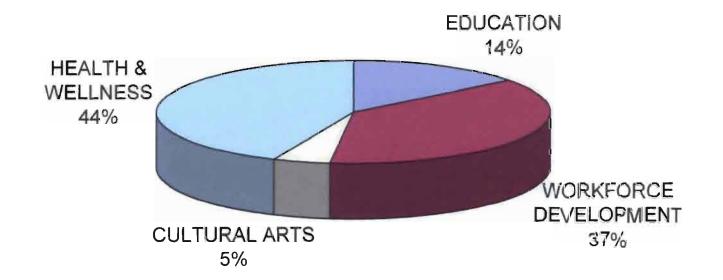
### CITY OF HALLANDALE BEACH FY 2012 COMMUNITY PARTNERSHIP PROGRAMS GRANT REVIEW PACKAGE



CITY OF HALLANDALE BEACH GRANT APPL	ICATION 2012															
ORGANIZATION	Address	Contact/Email	# of Clients	Age	Rater 1	Rater 2	Rater 3	Rater 4	Rater 5	Total Score	Average Score	Amount Requested	Recommended Amount	Comm Approved F/Y 10/11	# Served F/Y 10/11	Fund
PRIORITY AREA: EDUCATION			•		•	•	•		•		•	\$199,381.00	\$60,375.00	\$75,000.00		
1 Phileo Outreach Ministries	301 NW 1 <sup>st</sup> St Suite 2	phileohbcoc@yahoo.com	50	12-Adults	77.0	71.0	74.0	66.0	Conflict	288.0	72.0	\$60,031.00	\$20,375.00	\$5,000.00	10	LET
GED Program and Summer Corp		954.391.9240														
2 Hallandale High School	720 NW 9 <sup>th</sup> Ave.	Jacquelinesmith@browardschools.org	100	14-21	70.0	73.0	69.0	69.0	80.0	361.0	72.2	\$102,000.00	\$30,000.00	\$70,000.00	Unknown	GEN
After School Program	Hallandale Bch, FL 33009	754.323.0900														
3 Keeping Dreams Alive	3160 NW 114 Lane	plowe@kdafoundation.org	300	13-18	58.0	70.0	56.0	57.0	53.0	294.0	58.8	\$27,350.00	\$0.00	\$0.00	0	
Educational/Sports Camp	Coral Springs, FL 33065															
4 211 Broward	3217 NW 10 <sup>th</sup> Terrace, Suite 307	ssmith@211-broward.org	2000	All	98.0	90.0	98.0	93.0	96.0	475.0	95.0	\$10,000.00	\$10,000.00	\$0.00	2,124	GEN
Information/Referral Clearing House	Ft Lauderdale	954.720.1000													F/Y 09/10	
PRIORITY AREA: WORKFORCE DEVELOP	MENT	•	•	•	•	•	•	•	•		·	\$492,100.00	\$156,000.00	\$71,500.00		
5 Eagle's Wings Development Center	416 NW 4 <sup>th</sup> Ave	ewdcburton@gmail.com	100	Adults	83.0	84.0	80.0	74.0	75.0	396.0	79.2	\$70,000.00	\$35,000.00	\$1,500.00	1,000	CRA
Employment/Training-C.N.A	Hallandale Beach, FL 33008	954.457.9292														
6 Greater Mt. Everett Missionary Baptist Church	318 NW 9 <sup>th</sup> St.	gmembc@yahoo.com	50	16-23	83.0	76.0	80.0	69.0	67.0	375.0	75.0	\$187,100.00	\$91,000.00	\$0.00	0	CRA
Job/Building Construction Training	Hallandale Bch, FL 33009	786.251.1645														
7 Palms of Hallandale Beach Weed & Seed	720 NW 8 <sup>th</sup> Ave	palmsweedandseed@bellsouth.net	300	All	68.0	76.0	77.0	66.0	Conflict	287.0	71.8	\$185,000.00	\$0.00	\$45,000.00	1,000	4
Workforce/Leadership Development	Hallandale Bch, FL 33009	954.457.2993														
8 Palm Center for the Arts	P.O. Box 3733	Palmscenter4arts@yahoo.com	50	14-21	84.0	76.0	81.0	74.0	85.0	400.0	80.0	\$50,000.00	\$30,000.00	\$25,000.00	125	CRA
Arts at Work/Youth Mentoring	Hallandale Bch, FL 33009	954.456.9611														
PRIORITY AREA: CULTURAL ARTS			•			•				•	•	\$108,300.00	\$20,000.00	\$45,000.00		
9 Lampkin's Creative Arts 4 All	222 S. Dixie Highway	lampca4all@yahoo.com	100	5-Adults	58.0	68.0	58.0	50.0	59.0	293.0	58.6	\$58,300.00	\$10,000.00	\$0.00	0	GEN
Music/Cultural Arts	Hallandale Bch, FL 33009	954.573.5137														
10 Hallandale Symphonic POPS	P.O Box 85084	barclasei@aol.com	350	All	13.0	19.0	14.0	0.0	20.0	66.0	13.2	\$25,000.00	\$0.00	\$25,000.00	300	
Orchestra	Hallandale Bch, 33009	954.456.4001														
11 The Community Civic Association, Inc.	P.O. Box 489	Damaine05@yahoo.com	10,000	All	49.0	62.0	49.0	49.0	52.0	261.0	52.2	\$25,000.00	\$10,000.00	\$20,000.00	10,000	GEN
MLK Weekend Event	Hallandale Bch, FL 33009	954.394.3678														
PRIORITY AREA: HEALTH & WELLNESS			•	•	*	•	*	•	•	*	•	\$249,346.00	\$180,330.00	\$145,204.00		
12 Areawide Council on Aging of Broward, Inc	5300 Hiatus Rd.	laderbee@elderaffairs.org	513	60 Plus	84.0	85.0	84.0	90.0	90.0	433.0	86.6	\$37,830.00	\$37,830.00	\$47,204.00	531	GEN
Local Match Funds-Senior Programs	Sunrise, FL 33351	954.745.9567														
13 Police Athletic League of Hallandale Beach	410 SE 3 <sup>rd</sup> St.	jcarrillo@cohb.org	1,200.00	5-18	98.0	94.0	90.0	90.0	95.0	467.0	93.6	\$70,000.00	\$70,000.00	\$70,000.00	800	LET
Youth Sports Programs	Hallandale Bch, FL 33009	954.457.1466														
14 Community AIDS Resource, Inc.	3510 Biscayne Blvd, Suite 300	fpardo@careresources.org	832	13 Plus	78.0	74.0	80.0	60.0	70.0	362.0	72.4	\$49,016.00	\$0.00	\$0.00	0	
HIV Testing/Outreach	Miami, FL 33137	305.576.1234														
15 Hallandale Food Pantry	220 SW 6 <sup>th</sup> Ave	954.455.0615	35,000	All	85.0	83.0	75.0	70.0	85.0	398.0	79.6	\$25,000.00	\$25,000.00	\$25,000.00	24,000	GEN
Food Pantry	Hallandale Bch, FL 33009															
16 Feeding South Florida	2501 SW 32 Terrace	apennant@feedingsouthflorida.com	1,140	5-11	93.0	79.0	92.0	90.0	90.0	444.0	88.8	\$37,500.00	\$37,500.00	\$0.00	0	GEN
Back Packs/School Supplies	Pembroke Park, FL 33023	954.518.1832	1													
17 Jubilee Center of S. Broward	2020 Scott St.	joycesfood@aol.com	5,000	All	95.0	95.0	99.0	88.0	95.0	472.0	94.4	\$10,000.00	\$10,000.00	\$3,000.00	579	GEN
Food Pantry/Social Services		954.920.0106	,									, , , , , , , , , , , , , , , , , , , ,	. ,	. ,		
18 Identico LLC	409 W. Hallandale Bch Blvd. Sui		1,000	4-14	65.0	53.0	65.0	59.0	45.0	287.0	57.4	\$20,000.00	\$0.00	\$0.00	0	
	Hallandale Bch, FL 33009	954.239.8590	,							-		,				
TOTAL	n		58.085		1	1	1	1	1	1		\$1,049,127.00	\$416,705.00	\$336,704.00	40.469	_

### RECOMMENDED GRANT FUNDING ABOVE \$5,000



### Group Comments and Recommendations

NAME OF ORGANIZATION Phileo Outreach Ministries					
GROUP		DATE	<u>May 24, 2011</u>		
TOTAL COMBINED SCORE	288/400	RECOMMENDED F	FUNDING\$20,375		
GROUP COMMENTS					
The applicant described a prograp program, which targets an at risk present enough detail on who was referral/ recruitment process was will keep youth interested. The abut does not indicate who they with the services to ensure success for not thorough and a three year play. The applicant provided a Quicker requirements of the application. Was difficult to determine how mastudent stipends for educational committee also questioned if fund the committee recommends fundamount of \$20,375. The GED probe a duplicated service available.  NOT APPROVED (office use of the application of	group. History of as served and how not clear but the pplicant provided will target for their sor the programs. In many hours a week supplies but it was ding of only the Sogram was not received at other locations.	existing programs was a many residents benerorganization does have an age group in their diservices. There is no classification does have services. There is no classification for light and water bill ummer Youth Corps commended for funding a free of charge.	s provided, but did not fitted. The applicant's e incentives built-in that escription of the need ear evaluation plan for Sustainability Plan was is does not adhere to the were not detailed and it he budget included s were estimated. The supponent at 50% in the		

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NAME OF ORGANIZATION	Kee	ping Dreams Aliv	<u>'e</u>		<u> </u>
GROUP		DA	TE	<u>May 24</u>	, 2011
TOTAL COMBINED SCORE	280/500	RECOMMEND	ED FUN	NDING	<u>\$0</u>
GROUP COMMENTS  The applicant's program descrip organization would be providing was unclear regarding time fram recruitment plan is vaque, so the provide a detailed sustainability from other sources. The applicant entertainers, and radio personali. The letters of support submitted however the applicant's backgroschools/organizations throughout provide financial tax documentate financial soundness of the organization.	through academe and there was equestion is how plan, as they stant provided namities but no letter are all from schound states that the forida. The but on as required, sization. It should	nic assistance. The no designated loc will they get client to they have not rese of partners that of support or finarial staff from Lanie ne organization had det is not specificatherefore the revies the noted that this	e sched ation fo is. The equested include incial ass r-Jame s worked and the wers can applica	ule for the r serving vapplicant dany other philanthresistance is Education application application application application annot determine the servine application applicatio	e program youth. The did not er funding opists, s provided. on Center, different nt did not ermine ovided
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### **EVALUATION CRITERIA AND SCORING**

NAME OF ORGANIZATION	2-1-1 Bro	oward	
GROUP		DATE	<u>Μαγ 24, 2011</u>
TOTAL COMBINED SCORE 475/500	D RECOM	MENDED FUNDIN	IG <u>\$10,000</u>
GROUP COMMENTS			
Strong application that demonstrated a ne	ed for this type	e of service. Applic	cant provided data that
showed services are used by many Hallar	ndal <u>e Beach re</u>	esidents (200) and	organization. Applicant
clearly defined critical role in community.	This organizati	on is the central cl	earing house for all
social services throughout Broward Count	ł <b>y</b> .		
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NAME OF ORGANIZATIONE	Eagles Wing		
GROUP		DATE	May 24, 2011
TOTAL COMBINED SCORE	396/500	_ RECOMMENDE	D FUNDING \$35,000
GROUP COMMENTS			
The applicant submitted an application (i.e certificate of infequested funding for an employ Assistants (CNA) as the priority of funds for a smaller number of perpreviously. The new request is for this may be due to the new CNA in the identified area; however the implementation strategies. It was providing the training program (Conservices. The applicant did not infere were no letters of support of Sustainability Plan only indicated the organization had not demonstrate review of the budget, that items in the the producing request to \$35, and the provided in the support of the budget, that items is the provided in the producing request to \$35, and the provided in	ment program to area. There was cople to be serve or \$55,000 more program. The representation did so difficult to determine application did so difficult to determine the loss of fundamental the loss of fundamental to training the copy of the copy	s of support or MOU) train individuals to be confusion regarding diversus the amount dollars to serve 90% eviewers agreed there in not provide enough mine what portion of bunclear who would a gency, or entity that yell seed for the project is from Weed and Second for their programs. To stainability. The committee costs.	and detail. The applicant secome Certified Nurses the increase of requested of funding given by the Cital less people. The thought e is a need for employment detail on the personnel would be actually provide the would provide training, and to the applicant sed, therefore if not funded the reviewers felt this mittee recommended, in ents should be funded.
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NAME OF ORGANIZATIONGr	eater Mt. Everett	
GROUP	DATE_	May 24, 2011
TOTAL COMBINED SCORE 375/500	RECOMMENDED FUND	ING <u>\$91,000</u>
GROUP COMMENTS  The committee believed this could be a good employment in the construction field. The prothe most help and are usually under represent construction contacts available that could he the application, however, lacked detail in the competency skills are missing. The committee program with a smaller number of students a reach the targeted group with such a large missudents should be reduced from 50 to 25, where the committee agreed that some budget est. Therefore, the committee recommends the project coordinator recosts lowered, half classroom instruction and costs lowered, half classroom instruction and costs lowered.	egram aims to assist youth to ted. The applicant demons to be with training and employing areas of budget and sustant be believes it would be a good and build up. It was thought umber. The committee feels hich is more realistic. It imates seem high and should be cut in the duced to \$26,000, postage	between 16-23 that need strated that they have ment for the community. Inability. Pre and post od idea to start the that it may be difficult to sthat the number of all be reevaluated. In administrative unfunded, equipment
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### **EVALUATION CRITERIA AND SCORING**

NAME OF ORGANIZATION	Palms Wee	d and Seed	
GROUP		DATE	May 24, 2011
TOTAL COMBINED SCORE	301/400	RECOMMENDED F	FUNDING \$0
GROUP COMMENTS			
The applicant is applying to provie employment and training program address substance abuse, however applicant does not demonstrate to appears they have been a clearing applicant did not provide any letter with other agencies.  The age group identified (17-22 years this may indicate a duplication would demonstrate the organizate the City. The applicant is current and they have applied for a 5010 funding until June 2012 through a years. In review of the budget, 70 also indicates stipends for youth provide required financial docum organization's financial soundness. The committee assessment is that lacks the direct service expending appears excessive, for such a subservice providers. Since this is not this time due to lack of a concret possible duplication of the proposition of the proposition of the proposition and the proposition of the proposition and the proposition of the proposition of the proposition and the proposition of the proposition of the proposition and the proposition of the proposition of the proposition and the proposition of the proposition and the proposition of the proposition of the proposition of the proposition of the proposition and the proposition of the proposition and the proposition of the proposition	n. The applicant in ver the only letter of hat they have proving house for other ears of support for the vear olds) has been of similar services ion's success over by going through recand for the funding recand who will be in the eartation for review at Weed and Seed wrience for which the hall number of your eart of a planning grant e program objectives.	dicates that the employed for support refers to Weided any direct service organizations to province new initiative or partial targeted by several a five year period that organization to continuate the sustainable ever there was nothing equested is for personal employment programs, therefore it was difficult to be served if they the committee recores, future planning for	oyment program will also eed and Seed. The ses in the past, as it ide similar services. The partnership agreements other grant applicants, sed specific data which at they were funded by nue under a new name ility plan indicated ag presented for 3-5 nnel costs. The budget The applicant did not cult to determine the ding. The budget of are to become direct mmends no funding at
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NAME OF ORGANIZATION Palm	s Center For the Arts	
GROUP	DATE	May 24, 2011
TOTAL COMBINED SCORE 400/500	_ RECOMMENDED FUND	DING\$30,000_
GROUP COMMENTS		
The applicant demonstrated a need for the september the ages of 14-21. The applicant deincident of juvenile crime, behavior, etc. How Police, but presents no referral or letters of sithat the applicant distinguish that this is a woorganization's application appears to have so documentation from the fiscal sponsor name process to support how success will be measing enough to determine if it is reasonable for the utilized for personnel and outreach; however quarterly workshops are indicated; however the organization is asking for more funding to 80% are Hallandale Beach residents.  The review committee recommends, based of \$30,000 to serve 25 youth from Hallandale Beach residents.	scribes the target population ever, the applicant claimed support backing this claim. The rk-force program and not justome organizational issues, as d. The applicant does not prosured. The budget was unclease services. Most of the funds this too was unclear to review there was no detail or justification the budget, that the organicant the budget, that the organicant continues the budget, that the organical continues the budget, that the organical continues the same are the budget, that the organical continues the same are the budget, that the organical continues the same are the budget, that the organical continues the same are the sa	as youth with a high upport from Hallandale e reviewers suggest cultural arts. The there was no evide a clear evaluation ar and not detailed requested would be wers. Travel and ation on these items.
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NAME OF ORGANIZATION <u>Lampkins Cre</u>	<u>eative Arts 4 Al</u> l	<del></del>
GROUP	<b>_</b> DATE	May 24, 2011
TOTAL COMBINED SCORE 293/500	RECOMMENDED FUND	ING <u>\$10,000</u> _
GROUP COMMENTS		
The applicant has been known for providing free community groups in Hallandale Beach. The recommittee's assessment is that this organization assistance with program development.  The applicant did not provide background informapplication was confusing because the program not coincide. It was difficult for reviewers to determine and survive. The applicant did not provide a clean survive. The applicant did not provide a clean survive. The applicant did not provide a clean survive, the organization needs to be more specificant is vaque and does not provide any type of noted that this applicant was provided an opport The committee feels this is more of a start up or grant funding to be used for basic operating cost	quest is to expand services in appears to be new and signation or description of currence had been and the implementation of the program we have an arreferral or recruitment structured and reviewers felt that if it is about the target popular plan to ensure the desired tunity to resubmit the application; therefore they	however the mould acquire rent services. The mentation strategy did build be implemented rategy. The applicant given a program of the fion. The evaluation outcomes. It should be beation.
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### **EVALUATION CRITERIA AND SCORING**

NAME OF ORGANIZATION Hallandale Symphonic POPS					
GROUP	DATE	May 24, 2011			
TOTAL COMBINED SCORE 66/500	RECOMMENDED FU	JNDING \$0			
GROUP COMMENTS					
Raters found application unable to score due to la incomplete. There was no way to really determine The score was based on the few attachments provided in the score was based on the few attachments.	what would be provided				
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### **EVALUATION CRITERIA AND SCORING**

NAME OF ORGANIZATION Community Civi	<u>c Association</u>	
GROUP	DATE	May 24, 2011
TOTAL COMBINED SCORE 261/500 RECOMME	ENDED FUNDING	<u>610,000</u>
GROUP COMMENTS  The application lacked an implementation plan, evalua budget. Expenditures seem unreasonable (marketing, travel). The application budget expenditures do not me recommended that steps should be taken for sustainable own revenue. No goals were set for the scholarship fur committee regarding recommending any funding. A deto be utilized for the parade. The general consensus we organization could be best realized through fundraising serve the community.	walky-talkies, golf c eet with what is prod bility such as fundra nd. There was disse cision was made re as that the other ac	arts, gas vouchers, uced. The committee ising to bring in their ont amongst the commending \$10,000 tivities of this
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### **EVALUATION CRITERIA AND SCORING**

NAME OF ORGANIZATION Areawide Council on Aging of Broward, INC.				rd, INC.
GROUP			DATE	May 24, 2011
TOTAL COMBINED SCORE_	433/500	RECOMMEND	DED FUNDING	G <u>\$37,830</u>
GROUP COMMENTS				
The applicant requested Fair St	nare matching f	unds for State a	nd federal do	llars used to serve
seniors throughout Broward Co	unty. Applicant	demonstrated th	ne amount of	services provided to
City of Hallandale Beach. The r	eview committe	ee recommende	d that funding	for this program
should not be required to go thr	ough the grant	procurement pro	ocess.	
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NAME OF ORGANIZATION Police	ce Athletic League	
GROUP	DATE	May 24, 2011
TOTAL COMBINED SCORE 467/500	RECOMMENDED FUNDI	NG\$70,000
GROUP COMMENTS		
required. The applicant demonstrated a need the community and City. The reviewers recommunity and Strong partial strong partial support the organization financially. In review shows that funding will be used directly for clied the committee recommends full funding of this NOT APPROVED (office use only)	mend adding a pre and post ization develop a parent continerships with key business of the applicant's budget, it agents.  Is application, as requested.	t-test to measure nponent. The applicant es in the City, who
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NAME OF ORGANIZATION Com	munity AIDS Resou	rces, Inc	
GROUP	D	ATE	May 24, 2011
TOTAL COMBINED SCORE 362/500	RECOMMENDED	FUNDING_	\$0
·			
GROUP COMMENTS			
The applicant provided a well organized doctomeet needs of the community by serving two (\$32,000) and not direct services. This progralready provide this service without costs. Con Hepburn Center one day per week. They are projected will be needed for Hallandale Bear It appears that some of the items enumerate funding that is received by this organization. Outlined due to limited number of hours being the committee unanimously recommended.	days a week. Funds am may be duplication urrently this organizate now proposing to open only. If in the budget are also More specific recruiting offered as there was	were requention since other of since other of since other of since other	ested to pay for staff er qualified agencies s services at the hours than it is through federal gies could have been
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NAME OF ORGANIZATION	Hallandale Food Pantry			
GROUP	DATEMay 24, 2011			
TOTAL COMBINED SCORE 398/500	RECOMMENDED FUNDING \$25,000			
GROUP COMMENTS				
	program is on the right track. Has a large consumer 20 years, which shows sustainability. The group			
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### **EVALUATION CRITERIA AND SCORING**

NAME OF ORGANIZATION	Feeding	South Florida	
GROUP		DATE_	May 24, 2011
TOTAL COMBINED SCORE	444/500	RECOMMENDED FU	NDING\$37,500
GROUP COMMENTS			
The applicant presented a unique proposed to serve 100 children with the school term. The reviewers is budget; and the criteria for selection teachers at Hallandale Elementschool supplies. Nevertheless, in getting an educational componenthese children will probably alread The committee felt, given the eccover the needs of the City, there bumped up to 125.	who will receive a nad some question tion of 100 childrentary to access nost of the 1,440 nt and not food. ady be getting fo- onomy, the 100	a backpack of 12 lbs of tons regarding cost of footen. The applicant will althe Kids Count teacher people the applicant is The food portion may be od stamps.  backpacks of food are a	food each Friday during od indicated in the lso provide opportunities is store program for proposing to target are e repeated since most of a minimal number to
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### **EVALUATION CRITERIA AND SCORING**

NAME OF ORGANIZATION Jubilee Center of S. Broward				
GROUP	DATEMay 24, 2011			
TOTAL COMBINED SCORE 472/500	RECOMMENDED FUNDING \$10,000			
GROUP COMMENTS  The applicant was well organized, all attachments a submitted. The applicant also provided data to sugrun operations properly. The organization's sustain serve regardless of funding. This year they have converted to explore other grant resources and to build their sure and a food bank has broadened the organization's committee recommends full funding, as requested	port the need for the service and their ability to nability plan demonstrated a commitment to contracted with an experienced grant-writer to stainability. The combination of social services ability to better serve the community. The			
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### **EVALUATION CRITERIA AND SCORING**

NAME OF ORGANIZATION		Identico			
GROUP			_DATE	Maγ 24,	2011
TOTAL COMBINED SCORE	287/500	_ RECOMME	NOED FU	INDING	<u>\$0</u>
GROUP COMMENTS					
Application was acceptable, but children through the police deparant the grant is for community this service blends into the large designated. The committee recommends	artment and othe pased non-profit or needs of City	er organizations organizations. and how it fits i	This is al There was nto any of	so a for-pro no informa the priority	fit Company tion on how
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### Exhibit G2

### Grant Applications

Organization Name: Phileo Outreach Ministries Inc.
Mailing Address: 301 NW 1 Street Suite#2
City/State/Zip Code: Hallandale Beach, FL 33009
Phone: (954) 391-9240 Fax: (954) 458-0438 Email:Phileohbcoc@yahoo.com
Name of Contact Person: Corey L. Glover Title: Registered Agent
Organization Information
Is the organization incorporated? Yes \( \bar{\text{No}} \) No \( \bar{\text{FEIN#: } \) \( \frac{26-1992247}{26-1992247} \)  Does the organization have 501c (3) Tax Exemption Status? Yes \( \bar{\text{No}} \) No \( \bar{\text{If no, have you applied? Yes } \bar{\text{No}} \) No \( \bar{\text{If no, provide the name of the Fiscal Sponsor } \)  Does the organization have a Board of Directors? Yes \( \bar{\text{No}} \) No \( \bar{\text{Io}} \)  Total # of Board Members: \( \frac{3}{2} \) # of Staff: \( \frac{16}{2} \) # of Volunteers: \( \frac{As}{2} \) Needed  Does your organization carry Liability Insurance? Yes \( \bar{\text{No}} \) No \( \bar{\text{No}} \) Amount
In Process
Proposal Information
Program/Project Name: GED Program and Summer Youth Corps
Priority Area Addressed: <u>Hallandale Beach, FL</u> Age group <u>12-99</u> # to be served <u>50-100</u>
Annual Budget \$ Amount of Request \$60,031.00 Total Project Cost \$ \$77,531.00 Source of Current Funding The Palms Hallandale Weed and Seed Has your organization received funding from the City before? Yes No I If yes, Amount Funded \$ Year # of Residents Served

### GRANT APPLICATION

### APPLICATION CHECKLIST

Please initial below as confirmation that each of the required documents has been submitted with the Application for review.

\_COVER PAGE

**Key Staff Resumes** 

APPLICATION CHECKLIST

Copy of Organization Non-Profit Status Letter from IRS

List of Board Members, Director/Agency Head, Titles and Addresses

Evidence of Incorporation for State of Florida (www.sunbiz.org)

Evidence of Financial Soundness (990 form) or documentation from a Financial Institution showing three (3) months of operating expenses

Letters of Support for the project (limit to three (3))

Memorandum of Understanding/s if partnering with any organization/s

Copy of the organization's Certificate of Insurance and/or a Letter of

Indemnity (holding the City of Hallandale Beach harmless)

INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201

Date: DEC 0 2 2008

PHILEO OUTREACH MINISTRIES INC C/O MARITZA GLOVER PO BOX 1738 HALLANDALE BEACH, FL 33009

Employer Identification Number: 26-1992247 DLN: 17053196311038 Contact Person: CYNTHIA ROBINSON ID# 31517 Contact Telephone Number: (877) 829-5500 Accounting Period Ending: December 31 Public Charity Status: 170(b)(1)(A)(vi) Form 990 Required: Effective Date of Exemption: April 21, 2008 Contribution Deductibility: Addendum Applies:

### Dear Applicant:

We are pleased to inform you that upon review of your application for tax. exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

No

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

### PHILEO OUTREACH MINISTRIES INC

Sincerely,

rover

Robert Choi Director, Exempt Organizations Rulings and Agreements

Enclosures: Publication 4221-PC

### 2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000003917

FILED Jan 19, 2011 Secretary of State

Entity Name: PHILEO OUTREACH MINISTRIES, INC

**Current Principal Place of Business:** 

New Principal Place of Business:

320 NW 1ST AVENUE SUITE #2

HALLANDALE BCH, FL 33009

**Current Mailing Address:** 

New Mailing Address:

320 NW 1ST AVENUE SUITE #2

HALLANDALE BCH, FL 33009

FEI Number: 26-1992247 FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GLOVER, COREY 305 N DIXIE HWY

HALLANDALE BCH, FL 33009 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida.

SIGNATURE: COREY L GLOVER

Electronic Signature of Registered Agent

Date

### OFFICERS AND DIRECTORS:

Title

PD

Name: GLOVER, MARTIZA Address: 2280 NW 77TH TERRACE

City-St-Zip: PEMBROKE PINES, FL 33024 US

Title

TR

Name. JONES, SHEBA Address. 21379 NW 39 AVENUE City-St-Zip. MiAMI, FL 33055 US

Title

SD

Name. JOHNSON, TRISHA Address 6610 MIRAMAR PARKWAY City-St-Zip. MIRAMAR, FL 33023 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears above or on an attachment with all other like empowered.

SIGNATURE MARITZA RIVIERE-GLOVER

PRES

01/19/2011

Electronic Signature of Signing Officer or Director

Date

### State of Florida Department of State

I certify from the records of this office that PHILEO OUTREACH MINISTRIES, INC. is a corporation organized under the laws of the State of Florida, filed on April 21, 2008.

The document number of this corporation is N08000003917.

I further certify that said corporation has paid all fees due this office through December 31, 2009, that its most recent annual report was filed on July 7, 2009, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of Florida, at Tallahassee, the Capital, this the Fifteenth day of July, 2009



Authentication ID: 900158236609-071509-N08000003917

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

https://efile.sunblz.org/certauthver.html

### **Business Income & Expense Tax Report**

### 01/01/2011 through 12/31/2011

Income: 7,785.96 Expense: 3,991.36

Net income: 3,794.60

CO	

FSY4CC		Total =	70.00
	05/03/2011	Kellie Pratt 1: Early Registration	70.00
Other income		Total =	7,615.96
	03/04/2011	DEPOSIT	2,500.00
	04/15/2011	\$80.00 Dues Included: Nellie Dassaw, Joe Bell, Richard and Luella Jackson	5,115.96
Phileo Dues		Total =	100.00
	05/03/2011	Dues: Joe Bell, Corey Glover, Ricky Davis, Tonya Wilson, Cedric Cooper	100.00

### **EXPENSE**

APENDE			
Legal & Professional Fees		Total =	2,016.00
02/24/2011	Check to Instructor Cynt Williamson	hia	288.00
02/24/2011	Check to Instructor: Mich George	ael	288.00
03/14/2011	Check to Instructor Cynt Williamson	hia	288.00
03/14/2011	Check to Instructor: Mich George	ael	288.00
03/28/2011	Check to Instructor Cynt Williamson	hia	288.00
03/28/2011	Check to Instructor Mich George	ael	288.00
04/11/2011	Check to Instructor: Cynt Williamson	hia	144.00
04/11/2011	Check to Instructor Mich George	ael	144.00
Materials & Supplies		Total =	67.00
04/22/2011	Check to Quill.com		67 00
Other Expense		Total =	500.00
03/02/2011	Refund Check: Evonna F	rice	500.00

Utilities			Total =	1,408.36
	02/18/2011	Comcast		117.00
	02/18/2011	PREAUTHORIZED WD CI HALLANDA PAYMT 075000058181110	TY OF	280.00
	03/14/2011	Comcast		116.00
	03/14/2011	Florida Power		105.00
	03/14/2011	PREAUTHORIZED WD CI HALLANDA PAYMT 075000055196102	TY OF	288.00
	04/15/2011	Check to FPL		63.00
	04/27/2011	Check to Comcast		116.00
	05/02/2011	Reimbursement for Water Payment: Trish Johnson	Bill	323.36

The PHILEO GED program has helped students to dream again. The program have students both young and old. All the students have dreams that they can see achieving, but need help and someone to believe in their goals and dreams. The program serves students that live in the local Hallandale district, who for years have tried other GED programs but have failed in the attempt to pass the test or complete the course.

The PHILEO GED program is unique for several reasons. Students are assessed for their basic skills and helped to master basic skills. Then students move to master the advance skills for the GED test. Students also receive personal attention from certified instructors. Students are inspired to change their thought patterns to be positive.

Positive thinking help students to see failures as a process and not an end. Students are taught to set goals and achieve them. Students understand that they can not give up and must move forward through their belief in their goals and dreams.

Michael George PHILEO GED Program Math Instructor



### To Whom It May Concern:

Please accept this letter of my support for the efforts of Phileo Outreach Ministries programs and personnel. During the past two years I have had the pleasure of working closely with this organization on a number of programs targeted to enhance the quality of life for the youth and adults of our community. Phileo Ministries facilitates this enhancement through education, mentorship and charitable assistance; qualities which are essential in this day and age.

I am involved in several organizations in our community, such as Weed & Seed and P.A.L. of Hallandale Beach, and understand the commitment level it takes to improve the quality of life for our community. Phileo Outreach Ministries has also demonstrated their commitment level through observable actions which leads me to believe this group is an asset to our City. Support of their program will lend assistance to those they serve.

Should you require more information feel free to contact me at (954) 457-1644.

Sincerely,

Sgt. Ricky S. Buoni

Ricky Buoni Police Sergeant Hallandale Beach Police Department



May 5, 2011

To Whom It May Concern:

It is with great pleasure that I lend my support to the efforts of Phileo Outreach Ministries programs and personnel. During the past several years, this organization has implemented programs that have benefitted the community's youth and adults through education, mentorship, and charitable assistance.

I am involved with several organizations, such as the Hallandale Beach/Aventura Rotary Club, that have donated financially to Phileo to further its mission and purposes. This group is an asset to our City and support of their programs will lend a helping hand to those they serve.

Should you require more information feel free to contact me at (954)454-6430.

Sincerely,

Richard Shan President

# state of Florida Department of Iducation

# PROFESSIONAL EDUCATOR'S CERTIFICATE

This Certifies That

## MICHAEL L GEORGE

ted below: Has satisfactorily completed all requirements of Horida Stati State Board of Education Ryles for the coverages or endorsements

MATHEMATICS / (GRADES 5 - 9)

July 01, 2007 - June 30, 2012 Department of Education Number 781823

Cheri Pierson Yecke, Ph.D. Chansellor, K-12 Public Schools

her Freson Ges

a ne Glomberg

Jeanin 3lomberg
Comm sioner of Education

Michael L. George 3805 S. W. 28<sup>th</sup> Street West Park, FL 33023 (954) 668 - 8628

Highly motivated and super dedicated educator seeking career transition. Over twelve years in the educational field training youths and teenagers in the mathematical sciences and leadership development.

### Work Experience

2001 -Present

Pines Middle School. Pembroke Pines, FL

Position:

Mathematics Teacher

Responsibilities

Provide organization and study skills, record attendance,

Provide one-on-one tutoring, create lesson plans.

2000 - 2001

Apollo Middle School, Hollywood, FL

Position:

Pool Substitute

Responsibilities

Implement lesson plans, record attendance, provide an Atmosphere conducive to learning, implement behavior management strategies, and foster social and academic skills.

09/97 - 06/99

Leon County School System, Tallahassee. FL

Position:

Mathematics Teacher

Responsibilities:

Provide organization and study skills, record attendance, Create lessons plans and academic support and deliver

Instructional lessons.

06/85 - 02/88

United States Army/ Schofield Barracks, HI

Position:

Chaplain Assistant

Responsibilities

Maintenance of chapel and vehicle, provided protective

Services for the chaplain.

### Education

Florida A & M University, Tallahassee, FL Degree: Bachelor of Science Major: Mathematics Education

Broward Community College, Fort Lauderdale, FL Degree: Associate of Arts Major: Business

### Awards

United States Army Commendation Medal Who's Who Among Students in American Junior Colleges General Motors Volunteer Spirit Award

### References

Available Upon Request

## The Trustees of

# Upper John University

on the recommendation of the Faculty have conferred upon

## Cynthia Maria Williamson

The Degree of Authelor of Science

With all the Honors, Rights and l'rivileges appertaining to that degree

Given this sixth day of May in the year of our Lord one thousand nine hundred and eighty-nine in the Town of Fayette, in the State of Jown.



Witness the Seal of the Corporation and the signatures of the President of the College and Secretary of the Board of Trustees hereunto affixed.

26 Ble Occolon 18 W

James Rochaleau

### Cynthia M. Williamson 61 NW 45<sup>th</sup> Street Miami, FL. 33127 305-812-4654

**Objective:** To obtain a position with your facility which allows me to utilize my skills as

well as my Education.

Education: 1989, Upper Iowa University, Fayette, IA., Bachelor of Science Degree 1985, Miami Central Senior High School, Miami, FL., High School

Diploma

Licensure: 2006-2009, FL., Temporary Teaching Certification

1991, American Society of Phlebotomy Technicians, Phlebotomy

Tech

Training: 1991, Concorde Career Institute, Kansas City, MO.

Experience: 1/20011-03/2011- Hallandale Phileo Outreach, GED in service for Science

and Social Studies.

6/2009- Current- Miami-Dade public School, Substitute Teacher

09/2006-6/2009- Miami-Dade Public School, Parkway Elementary

School,

4th grade teacher. Taught all subjects. Taught, reading, writing,

math, social

Studies, and Science. Prepared students for the FCAT

Other job

Experiences:11/2004-11/2009- Maxim Healthcare Services-worked in Medical Records.

Human Resources Representative, & Specimen Processor.

6/1997-8/2004- Loyola University Medical Center, Phlebotomy

Coordinator,

Maywood, IL. - Coordinated the daily activity of the phlebotomist to

assure

education

of the staff was met. In addition, held continuing education sessions

for

Licensed Phlebotomist and administered examinations for persons not certified. I taught and lectured phlebotomy knowledge and skills.

1996-1997- MSN, Phlebotomy Technician, assigned to Lovola

University

Medical Center, Maywood, IL.

1992-1996- Secretary/Phlebotomist, Continental Blood Bank, Miami,

FL

Organizations: United Teachers of Dade. American Society of Phlebotomy

Technicians,

PTA.

Reference: AVAILABLE UPON REQUEST.



May 8, 2011

### INDEMNITY AGREEMENT (GENERAL FORM)

TO: THE CITY OF HALLANDALE BEACH

FOR GOOD AND VALUABLE CONSIDERATION (the receipt and sufficiency of which is hereby irrevocably acknowledged) the undersigned hereby indemnifies and saves harmless the CITY OF HALLANDALE BEACH from and against any and all claims, demands, actions, suits, losses, costs, charges, expenses, damages and <u>liabilities</u> whatsoever which Phileo Outreach Ministries may pay, sustain, suffer or incur by reason of or in connection with the Summer Youth Corp or the GED preparation program including, without limiting the generality of the foregoing, all costs and expenses (including legal expenses) incurred in connection with any such loss or damage.

DATED: MAY 8<sup>Th</sup>, 2011

Registered Agent: Phileo Outreach Ministries

### ORGANIZATIONAL BACKGROUND

In 2005, Hurricane Katrina effected many families drastically. Thousands were displaced, homeless and in need of services. In an attempt to assist the many who were affected, a small group of friends from a local congregation came together and addressed the needs of many in distress. Out of this generous effort, a faith based community outreach organization was born, Phileo Outreach Ministries Inc. The word "phileo" is a Greek word meaning "brotherly love" and therefore correctly defines the purpose of this organization. Since inception, Phileo has delved into the Hallandale Beach community nurturing the lives of all whom this entity comes in contact with it. Here is a brief summation of the programs and out reach efforts Phileo has spearheaded:

### Palms of Hallandale Beach Summer Youth Corp

This is a six-week program facilitated by Phileo in association with the Hallandale Beach Police Department. The goal is to provide each participate with a sense of character and moral responsibility through modules that focus on building self esteem, effective communication, conflict resolution and life goal setting.

### **GED Preparation Program**

This a four week course with four certified teachers that focuses on providing substantial education and attention to individuals in the Hallandale Beach area and surrounding locations who aspire to obtain their General Education Diploma (GED). It is expected that through providing this service to the people of the community, there will be a positive and direct effect on the well being of these individuals.

### Return to Learn Back to School Bash

This is a one-day event prior to the first day of the new school year in which Phileo gives schools supplies to children who reside in the lower income areas of the city. In the past Phileo has partnered with the Udonis Haslem Foundation, Pembroke Park Church of Christ, the Hallandale Beach Chamber of Commerce, the Kiwanis Club, Citrix Systems, Memorial Healthcare System, the Broward County Teachers Union, Mount Sinai Hospital, the Hallandale Beach Police Department, the Hallandale Beach/Aventura Rotary Club and Robin Merript to provide an adequate amount of schools supplies for families with children in need.

### Hope for the Holidays

In an effort to reach out to the homeless community in Hallandale Beach, Phileo, in association with other organizations, gave support to the event entitled Hope for the Holidays. It is held in December at the Hallandale Beach Church of Christ. Food and clothing are provided as well as toys for the homeless children. This is a full day event where festive activities are provided for the children and adults alike and a hot meal is served on the church grounds.

### **PROGRAMS**

### GED Preparation Program

### Program Overview

The community-based organization Phileo Outreach Ministries will focus on providing substantial education and attention to individuals in the Hallandale Beach area and surrounding locations who aspire to obtain their General Education Diploma (GED). It is expected that through providing this service to the people of the community, there will be a positive and direct effect on the well being of these individuals.

### <u>Program Need</u>

According the American Community Survey results produced by the American Census, between the years of 2005-2009 an estimated 6800 residents of the Hallandale Community over the age of 25 do not have a high school diploma. In addition to this it is mentioned that 30% of the population who live at or below the poverty line in the city do not have a high school diploma at this age range. There are also individuals in the Hallandale area between the ages of 18 and 24 who do not have a high school diploma (23% the population in this age range according the primary research data of the American Census, See Appendix A for Tables I and II).

### <u>Program Benefit for Community and the City of Hallandale</u>

For the last two years Phileo has successfully produced an affordable and effective GED program for the Palms Weed and Seed initiative. This program supported the Weed and Seed objective to weed out drugs and crime and seed in good programs to promote improvement in the quality of life for the residents. We prepared approximately 26 students with the opportunity to sit for the GED testing since the program has been in operation. Through this program, residents will have the ability to apply for better paying employment which will in turn assist them in providing a better live for themselves and/or their families. This will also potentially create stronger consumers in the Hallandale Area (i.e. higher paying jobs effect spending habits of consumers).

### <u>Program Fees</u>

The program will cost \$19,256.00 dollars and each student is provided a \$70 stipend which covers the cost to take the GED exam.

The abbreviated GED program funding cost break down is as follows:

- Instructors Fee's
- Books and Supplies
- Copies made for instructors Classes
- Utilities
- Refreshments for participants

### Summer Youth Program

### Program Overview

The Summer Youth Corp is a six-week program spearheaded by Phileo in affiliation with the Hallandale Beach Police Department. The objective of the program is to give the youth alternative activities to partake during the summer months. Teens and young adults (Ages 12-18) are placed in a class room setting with certified instructors four days out of the week and are taught living building skills (i.e. conflict resolution, effective communication, ethics and job skills). Upon the day of each week participants are taken on educational field trips to be exposed to different individuals with different careers and skills sets. For positive reinforcement, a graduation ceremony is held at the end of the program where each participant is given a certificate of completion. A stipend is also received upon completion for school supplies for food.

### Program Need

Numerous studies have shown that over the summer, young people can lose up to 2.6 months of what they have learned during the school year. By keeping the youth in Hallandale Beach active and acquiring the knowledge, this learning curve can be stemmed. A youth program also acts as social stimulation and develops a community of peers amongst youth of similar age groups. The learning experiences can be positive and motivational for the youth which in turn will stimulate vision and aspirations of a positive future.

### <u>Program Benefit for the Community and the City of Hallandale</u>

According to statistics recorded by the Hallandale Beach police department, the crime rate amongst the juvenile population has decreased significantly due the activities that the youth have encountered through this program. A program such as this keep teens engaged in more positive activities and makes the community a safer and more stable environment for all who dwell in the area.

### <u>Program Fees</u>

The program will cost \$40,775.00 and each student is provided a \$100 or \$37.50 stipend which covers some of the cost of school supplies and food.

The abbreviated Summer Youth Corp cost break down is as follows:

- Facilitators
- Contracted Services
  - Custodial Services
  - Presenters
- Materials (copies, time clocks and cards, all ID materials, i.e. badge strings and paper, note pads, certificates, folders, printer ink)
- Graduation Ceremony
- Computers
- Field Trips
- Transportation

### IMPLEMENTATION GED Program

Each student will be expected to participate in a 10-week training program at Phileo Outreach Ministries. This program will provide the educational tools needed to obtain a passing score on the Math, Science, Social Studies and Language Arts portion of the GED. All courses will be taught on different dates and times. The schedule is as followed:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Language						9:00A.M	
Arts	_					Noon	
	6:30P,M		6:30P.M				
Mathematics	8:30 P.M.		8:30 P.M.			[	
Social		5:30P.M		5:30P.M			
Studies		7:30P.M.		7:30P.M.			
		5:30P.M		5:30P.M			
Science		7:30P.M.		7:30P.M.			

The GED Program will operation with 4 part- time instructors and one full time staff member which is Phileo's own office manger. Periodic Evaluations will be conducted to assess the value of the GED program on:

- The effectiveness of the materials taught to the students <u>if</u> the student attends for all 10 weeks
- Pass or Fail ratio of students who actually sit for the exam
- Increase in interest in the program within the community

### Summer Youth Corp

Certified Instructors will be given a set amount of teens per session in a class room setting (varies among how many teen participate). There will be sessions held four days out of on the following topics:

- Setting Goals and Objectives
- Self Esteem Building
- Conflict Resolution
- Effective Communication

The last day of the week is reserved for educational field trips which will be chaperoned by project coordinators and collaborated my Phileo and the Hallandale Beach Police Department. All of the sessions will take place at the Hallandale Beach Church of Christ in Hallandale Beach, FL. If each teen participates for the full six-week period they will receive a stipend for school supplies or food and a certificate of completion at a Graduation Ceremony.

### **EVALUATION**

### GED Program

Upon enrolling into the program each student will be given a traditional placement exam the scores of which will be compared with the scores upon completion of the 10-week time period.

Measurable objectives can be achieved by the number of individuals who will be recruited and by the amount of students who actually take the test and/or pass all levels that were taught by our instructors. Attendance will be taken by the instructors at each session and success can be measured by each individual's program attendance as well. Job and higher education will be recorded after one year of exiting the program. Follow-up counseling may be made available on a need basis only.

### Summer Youth Program

Upon the completion of the six-week program students should be able to apply all of skills they learned throughout the course of the program (i.e. goal setting, effective communication, conflict resolution, and self esteem building). Success of the program can be measured by the amount of teens that start the program and stay until completion. Exams will be given to the teens to test the knowledge of the life skills they were taught throughout the duration of the program as well as the beginning of the program.

At the end of the session, a debriefing of the project coordinators, the instructors, and the Hallandale Beach police department will take place in order to evaluate the over all success of the program. This will be an open forum for suggestions comments and concerns to be addressed in order to facilitate a more efficient and effective program for the next session (summer 2013).

### **SUSTAINABILITY**

### GED Program and Summer Youth Corps

If funding is not received for the programs, we will solicit other sources of funding from other organizations. Fifty-percent of the funds being received from the city will result a modified program on our behalf where about half the participants will be served in community as opposed to the amount of participants projected. Another alternative is to serve the projected amount of participants however; the amount of benefits of each participant will have to be modified in order for the program to run within the parameters the budget.

### Three-year Sustainability Plan

Phileo Outreach Ministries is creating with the intent to implement a three-year Sustainability Program that focuses on Fund Diversification and Board Engagement. Board Engagement objectives include enhancing the roles and responsibilities and board member training on fundraising and effective governance. Fund Diversification objectives include analysis of current funding sources, researching new grant/funding opportunities, collaborations with other non-profits and exposure to various communities through networking events.

BUDGET INFORMATION

GED PROGRAM: 4 10-week Sessions			<u> </u>	
ITEM	GRANT REQUEST	OTHER GRANT FUNDS	IN KIND	Justifi <u>cati</u> on
				Needed to compensate
				instructors for time
Face A Pro-				and effort in teaching
Instructor's Fee	\$11,520.00	\$0.00		students
				Needed to compensate
				assistance for the
Administrative Costs	\$2,000.00			instructors
				Given for Students to
				Take Exam Fee of
				charge. Incentive for
GED Testing Stipend	\$2,800.00			participation
				Needed for
	Ì			participants to study
Books	\$300.00	\$0.00		and learn
				Needed to assist
				students in studying
Student Supplies	<b>\$</b> 356,00			and learning material
				Assist instructors in
				teaching material to
Copies	\$600,00	\$0.00		students
				Based on a 50-65%
				increase from the
				average monthly cost
				when there is minimal
Electricity	\$280.00	_ \$0.00		activity at facility
				Based on a 50-65%
		]		increase from the
				average monthly cost
				when there is minimal
Water and Sewer	\$1,400.00	\$0.00		activity at facility
				For participants to stay
				refreshed and alert
Refreshments for Students and Staff	\$0.00	\$0.00	\$400.00	during sessions
TOTAL COSTS FOR THIS PROJECT	\$19,256.00	\$0.00	\$400.00	during sessions
SUMMER YOUTH CORP: 6-week	317,230.00	30.00	\$400.00	
Program		)		
	GRANT	OTHER GRANT		
ITEM	REQUEST	FUNDS	IN KIND	   Justification
(TEM	REQUEST	FUNDS	III KIIID	40students @ \$37.50
				/week for six weeks
				Stipend for
				educational supplies
Participante Auge 12 15	<b>c</b> o ooo oo	60.00	\$0.00	
Participants Ages 12-15	\$9,000 00	\$0.00	\$0.00	per each participant
				20students @ \$100,00/week for six
			,	1
				weeks. Stipend for
Basticinants August 6 19	#2.2 000 00	<b>#</b> 0.00	<b>20.00</b>	educational supplies
Participants Ages 16-18	\$12,000 00	\$0.00	\$0.00	per each participant
Project Director		\$0.00	\$12,000.00	

( •				
\ <b>`</b>	•			1 Week of
				preparation@ \$25/hr.
•				3hrs. Per day
				\$375/week per each
				person, Five-week
				session @ \$25/hr; 8
				hours per day; \$800/week per each
Facilitators(3 people)	\$13,125 00		\$0.00	person for six weeks
Tae-maiora(5 people)	\$13,725 80			
Guess Speakers	\$250.00	\$0.00	\$0.00	\$50/guess speaker. One each week
Guess speakers	\$230.00	\$0.00	30.00	Breakfast, Lunch, and
		Ì		Snacks for each
Food and Snacks	\$0.00	\$0.00	\$2,100.00	participate Daily
			Ψ2,1 σσ.σσ	Needed for
				Identification of
Shirts	\$0.00	\$2,000.00	\$0.00	participants
				Needed to assist in
				keeping a sanitary and
	\			safe environment for
Custodial Costs	\$50.00	\$0.00	\$0.00	participants
			_	Based on a 50-65%
				increase from the
				average monthly cost
				when there is minimal
Water and Sewer	\$2,000.00	\$0.00	\$0.00	activity at facility
		Į		Based on a 50-65%
				increase from the
	l l			average monthly cost
				when there is minimal
Electricity	\$500 00		\$0.00	activity at facility
				Needed for program
				coordinators and
Managala	61 000 00	\$0.00	\$0.00	participants to fulfill
Materials	90,000,12			daily tasks
Copies		\$0.00	\$0.00	
Ink		\$0.00	\$0.00	
Folders		\$0.00	\$0.00	
Certificates		\$0.00	\$0.00	
Note Pads		\$0.00	\$0.00	
Badge Holders		\$0.00	\$0.00	_
Radge Paper		\$0.00	\$0.00	
Badge Strings		\$0.00	\$0.00	
Time Clock		\$0.00	\$0,00	
Time Cards	<del></del>	\$0.00	\$0.00	
1 the cards	<del></del>	40.00	<b>₽</b> 0.00	Needed to involve
				parents of participants
				and create community
				awareness
				Certificates, Plagues,
				Food, Audio Visuals
Graduation Ceremony	\$0.00	\$0.00	\$1,000.00	· ·
				Needed for program
				coordinators and
				participants to fulfill
				daily tasks
				Unfortunately the
				computers that we had
Computers*	\$2,500.00	\$0.00	\$0.00	were stolen

GRAND TOTAL	\$60,031.00	\$2,000.00	\$15,500.00	·
TOTAL COSTS FOR THIS PROJECT	\$40,775.00	\$2,000.00	\$15,100.00	
Field Trips	<b>\$</b> 250.00	<b>\$</b> 0 00	\$0 0 <u>0</u>	Need to purchase time at various field trip locations
Transportation	\$100 00	\$0.00	<b>\$</b> 0 <b>00</b>	Needed to transport participants to various field trips

\* Equipment purchased over \$500 may become property of the City of Hallandale Beach.

The intent of funding is to provide direct services to residents; therefore Administrative Cost should be kept to a minimum. Please provide the amount or the percentage of Administrative Cost for this budget.

### **CERTIFICATION**

I certify that the information	contained in the Application	, including the Budget and
Attachments (supporting mat	terials) are true and correct to	o the best of my knowledge

Signature of Authorized Representative

Date

Title

## CITY OF HALLANDALE BEACH FY 2012 COMMUNITY BASED ORGANIZATIONS GRANT FUNDING

### GRANT APPLICATION COVER PAGE

Organization Name Hallandale High School
Mailing Address 720 NW 9th Avenue
City/State/Zio Code Hallandale Beach, Fl 33009
Phone 754~323-0900 Fax 754-323-1030 E-mail
Name of Contact Person Jacqueline SmithTitle Reading Coach
Organization Information
Is the organization incorporated? Yes x No □ FEIN# 85-8013140099c-8
Does the organization have 501c(3) Tax Exemption Status? Yes ⊠ No □
If no, have you applied? Yes D No D If yes, provide a copy with your application.
If no, provide the name of the Fiscal Sponsor
Total # of Board Members 9 # of Staff 130 # of Volunteers 10
Does your organization carry Liability Insurance? Yes 😡 No 🗆 Amount <u>\$700,000</u>
Proposal Information
Tropoda Monacon
Program/Project Name Educating Our Community
Priority Area Addressed <u>Education</u> Age group <u>14-21</u> # to be served <u>1500</u>
\$6,437,637 Annual Budget \$Annount of Request \$TCtal Project Cost \$
Source of Current FundingCity Of Hallandale, YMCA, CSC
Has your organization received funding from the City before? Yes 📮 No □
If yes, Amount Funded \$ 140,000 Year 09-11 # cf Residents Served 800
Have you attended the city's Capacity Building Workshops conducted by Mr. Non Profit? Yes □ No ☑
Give a brief summary of the Previous Project Funded
Funds covered cost of futorials, salries, trips, supplies,
incentives, fees for ACT/SAT, transportations & mea.s.
Authorized Signature of Organization Representative Date 5/13/10

## CITY OF HALLANDALE BEACH FY 2012 COMMUNITY BASED ORGANIZATIONS GRANT FUNDING

### **GRANT APPLICATION**

### APPLICATION CHECKLIST

Please initial below as confirmation that each of the required documents has been submitted with the Application for review.

COVER PAGE

APPLICATION CHECKLIST

Copy of Organization Non-Profit Status Letter from IRS

List of Board Members, Director/Agency Head, Titles and Addresses

Evidence of Incorporation for State of Florida (www.sunbiz.org)

Evidence of Financial Soundness (990 form) or documentation from a Financial Institution showing three (3) months of operating expenses

Letters of Support for the project (limit to three (3))

Memorandum of Understanding/s if partnering with any organization/s

Key Staff Resumes

Copy of the organization's Certificate of Insurance and/or a Letter of Indemnity (holding the City of Hallandale Beach harmless)



### Consumer's Certificate of Exemption

DR-14 R. 04/05 06/10/09

### Issued Pursuant to Chapter 212, Florida Statutes

85-8013140099C-8	07/31/2009	07/31/2014	COUNTY GOVERNMENT
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

BROWARD COUNTY SCHOOL BOARD 600 SE 3RD AVE FORT LAUDERDALE FL 33301-3125

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



### Important Information for Exempt Organizations

DR-14 R. 04/05

- You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases.
   See Rule 12A-1.03B, Florida Administrative Code (FAC).
- 2. Your Consumer's Certificate of Exemption is to be used solely by your organization for your organization's customary nonprofit activities.
- 3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
- 4. This exemption applies only to purchases your organization makes. The sale or lease to others by your organization of tangible personal property, sleeping accommodations or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, FAC).
- 5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third degree felony. Any violation will necessitate the revocation of this certificate.
- 6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Central Registration at 850-487-4130. The mailing address is PO BOX 6480, Tallahassee, FL 32314-6480.





### The School Board of Broward County, Florida

Jennifer Leonard Gottlieb, Chair Benjamin J. Williams, Vice Chair Robin Bartleman Maureen S. Dinnen Phyllis C. Hope Stephanie Arma Kraft, Esq. Ann Murray Robert D. Parks, Ed D. Kevin P. Tynan, Esq.

James F. Notter, Superintendent of Schools

The School Board of Broward County, Florida, prohibits any policy or procedure which results in discrimination on the basis of age, color, disability, gencer, national origin, mantal status, race, religion or sexual orientation. Individuals who wish to file a discrimination and or harassment complaint may call the Executive Director, Benefits & EEO Compliance at (754) 321-2150 or Teletype Machine TTY (754) 321-2153

Individuals with disabilities requesting accommodations under the Americans with Disabilities Act (ADA) may call Equal Educational Opportunities (EEO) at (754) 321-2150 or Teletype Machine TTY (754) 321-2158.

www.browardschools.ccm

### PRINCIPAL OFFICIALS

	SCHOOLB	DARD	
Board Member	District	Term Began	Term Expires
Ann Murray	1	November 2008	November 2010
Kevin P. Tynan, Esq.	2	November 2009	November 2012
Maureen S. Dinnen	3	November 2004	November 2012
Vacant	4		
Benjamın J Williams, Vice-Chair	. 5	November 2000	November 2012
Phyllis C. Hope	6	November 2006	November 2010
Robert D. Parks, Ed. D.	7	November 1986	November 2010
Robin Bartleman	: At-Large	November 2004	November 2012
Jennifer Leonard Gottlieb, Chair	At-Large	November 2006	November 2010

	XECUTIVE LEADERSHIP TEAM (ELT)
Team Member	Tibe
James F. Notter	Superintendent of Schools
Donnie Carter	Chief Operations Officer
Thomas Lindner (acting)	Deputy Superintendent, Facilities & Construction Management
Dr Joanne Harrison	Deputy Superintendent, Educational Programs & Student Support
Dr. Leontine Butler	Deputy Superintendent, Curriculum
I. Benjamin Leong	Chief Financial Officer
Pat Reilly	Chief Auditor
Sharon Airaghi	Area Superintendent, North Area
Dr. Desmond Blackburn	Area Superintendent, Central Area
Dr. Joel Herbst	Area Superintendent, South Area
Vacant	Associate Superintendent, Research Development & Assessment
Gracie M. Diaz	Associate Superintendent, Human Resources
Vacant	Assistant Superintendent, Human Resource Development
Vacant	Executive Director, Public Relations and Governmental Affairs
Edward Marko	Office of General Counsel
Linda McDaniel	Chair, Elementary School Principals
Wasington Collado	Chair, Middle School Principals
Alan Strauss	Chair, High School Principals
Don Cottrell	Chair, Centers
Georgia Slack	GS School Consulting Service

Principal's Signature

Area Superin endent's Signature

### BROWARD COUNTY PUBLIC SCHOOLS 2010-11 BLDGET

Projection of Revenue Worksheer

School <u>Hallandole</u>		4.64	<u>S</u> Type <u>3</u>	Loc <u>30</u>	1523040 <u>30</u>
			Linutd		Wid
K-12 180 DAY FTE			1.572	12	1 7°1 50
WORKFORCE EDUCATION	FTE				
INSTRUCTIONAL ALLOCAT	LION		\$1  44 %	<u></u> _	
SUPPORT ALLOCATION			Range I 1 3úl 1s	57	
WORKFORCE EDUCATION	ALLOCATION				
CATEGORICALS			1 0 40 10		
TO FAL GENERAL FUND BU	DGET		\$6.4176	17	
	-	CATECORIC	AL FUNDING		
_	Functional Area*	Amount		Functional Arca*	Amount
acountability	6400121090000000	-,861	Instructional Staff Training	6400127010000000	1 545
ddinonal Support	565200000000000000		Untensive Reading Program	6190691300000000	152,429
zoikiebasA besnava	66000000000000012	14 043	Innovative Programs	Various	101 183
dvanced Placement/ATCE IB	5103630000000000	0 457	Material and Supplies - IA Funding	56520000000000000	17 290
thicke Supplement	56525200400000000	28.585	Medicaid 504	5652691460000000	
inward Viriual Education	5103009030000000		Medicard-Autom'SSVE	\$250691060000000	
udget Adjustitions - Reading Redirection	56500000000000000	(27,591)	Peer Counseling	56520000000000000	10 653
udget Reduction - 0.75%	\$4.5200000000000		ROTC	6190000000000000	2: 158
udget Reduction 2008-09	5652000000000000		Reading Coach	6190121030000000	51 259
udget Reduction 2009-10	5652000000000000	(288 961)	Release Time Dept Head	5719657190000000	201۵
udget Reduction 2010-11	56520000000000000	1329.0911	SECME	5652660800000000	
udget Reduction 2%	56520000000000000		Sale Schools - Alt to Susu	5652153000000000	
lass Size Reduction - Altern Scheduling	51030000000000000	12/1198	Safe Schools - Security Funding	7902151070000000	17 549
lass Size Reduction - State	5103121010000000	(147.416	School Discretionary	5612000000000000	1,572
ost Factor Adjust Prog 101	000000000000000000000000000000000000000	110,069	School Resource Officer	79020000000000000	32,689
usiodial Allocation	790100000000000000		Science Lab Materials	5652122030000000	
ustodial Allocation - Bealth Centers	79010000000000000		Service Learning	6122691120000000	3,503
SE Cluster Funding	5250650520000000		Stabilization Fund 4311	56520000000000000	
SF Cost Factor Adjust Prog 251	52500000000000000	25 450	Stabilization Fund 4341	56520000000000000	
SE Hearing Impaired Program	525000000000000000			5719000000000000000	5,778
SE Specialist Allocation	000000000000000000000000000000000000000	12.827	Substitutes - ESE Staffings	571900000000000000	1.239
SE Specialized VE Funding	5250650530000000	64 567	I I	570100000000000000	15,146
ces	Vairous		Substitutes - Pool	570100000000000000	18.320
luman Relamons Council	\$45200000000000	500	Supplemental Academic Instruction (SAI)	5652164010000000	-1.60
nnovation Zone Clerical OT	71016501800000000		feacher Training	6400121030000000	1 54:
anovation Zone OCR	6199650\\$PE\P900		WFE Comm/Day School Support	56520000000000000	
7 ( )	61906, 0180000000		Salary Lause	565200000000000000	69 VC-
nnovation Zone Unequal Needs	56511210160000000	22 510	TOTAL CATEGORICAL		\$1,930,105
natractional Materials					
-					
nstractional Materials	pinent Requirement		Functional Azea \$30012303000000		12.79
nstractional Materials			Functional Area \$300123030000000 Functional Area \$250650330000000		12.79 199,95

### BROWARD COUNTY PUBLIC SCHOOLS 2010-11 BL DGET

Projection of Revenue Worksheet

Senous <u>Hallandale</u>

Arma S Type 3

Loc <u>3612304030</u>

		Projecte	d K - 12 180 D	ay FTE	\$1,775	
		LNWID	2009-10	Warghtad	Instructional	
	Program	FIE	Cost Factors	FTE	Allocation	
Basic	-					
101	K.3 Basic		1.074			
1/52	4-3 Basic		1 000			
101	9-12 Basic	١٠١٠ د١. ١	1.933	1.124.20	2 084 205	
170	F 5 O I.	122,59	1.124	, 17 '9	244 577	
	Total Busic	1,259 28	-	131199	2,129 792	
Exception	اد					
251	ESC LEVEL I	84 74	1330	11217	199,102	
252	FSE LEVEL II	54.51	1 995	10055	194,451	
253	ESE LEVEL III	16.5	2 903	40 BJ	8B,555	
254	ESE LEVEL IV	3 <b>6</b> i	3 520	1451	61,291	
255	ESE LEVEL V		4 954			
	Total Exceptional	165.73	-	306 14	541 100	
V ocalient	ıl					
ኒስር	Vocational Education	147 []	1.050	154 47	274,184	
	Total 9 - 12 Vocational	1471)	_	15447	274 154	
	Total K - 12 Programs	1 3.5 13	-	<del></del>	\$1146.365	

		Projected Workforce Education FTE		\$1,728		
	<del>-</del>	Linueighred	District	Weighted	Base Student	
	Program	FTE	Cost Factors	FTF.	Allocanan	
(ourvaniu	workforce Ed. (LWE)					
140	Continuing Workierse Ed		1 000			
	Total CH E					
Certifican	e Programs					
151	Certificate Programs Level I		1.150			
157	Certificate Pingrains Level II		1 600			
151	Certificate Programs Level III		2 100			
154	Certificate Programs Level IV		2 600			
	Total Certificate Programs					
Applied T	echnology					
160	Applied Technology Diploma		2.500		<u></u>	
	Total Applied Technology					
4 pyrentic	eship					
170	Apprenticeship	_	1 000			
	Total Apprenticeship					
Adult						
400	Adult General		1.560			
401	You Proparatory list (VP)		1 200			
	Intel Adult		— <del>-</del>			
	Total B orkforce Education		_			

Marquetha Parker 5525 SW 41<sup>st</sup> Apt 323 West Park, FL 33023

May, 12, 2011

To Whom It May Concern:

Taking the AP US History test was not what I expected. I say this because the practice exams and other learning tools Ms. Alexander prepared my class with was extremely harder than the real exam. The Saturday camps and after school tutoring really gave me an edge, I appreciate the opportunity to take the exam and have the exposure to college material at the high school level.

Sincerely,

Marquetha Parker

My name is Shavon Taylor and I attended both the Saturday study sessions and the AP review camp. I found the Saturday study sessions extremely helpful both in and out of school; however, I did find them to be a little long. In detail, the resources that were used in the study sessions were very engaging and involved a lot of socializing. The socializing aspect kept me happy and provided me with more knowledge about the various subjects in depth. On the other hand, the AP review camp was interesting and done in a more traditional classroom session. In summary, the Saturday study sessions and the AP review camp were both lifesavers in my preparation for the AP Psychology exam. I really, really appreciated getting fed because it allowed me to focus during the sessions. The incentives were excited, and I would like to thank you for making it all possible.

Sincerely, Shavon Taylor Shannon Hilaire 7809 Venetian St. Miramar, Fl 33023

May 13, 2011

To whom it may concern,

All year the AP students as a whole have been working hard to succeed at the end of the year AP test. Reviews and tests on a daily basis has been our life all year round and to top it off I also attended all of the Saturday camps and tutoring after school. Three times a week I stayed after school to try and enhance the information that I have been trying to study and interpret all year long. The extra kick of studying I think really got me prepared for the test. Between the flashcards and games we played during the tutoring sessions it only made me confident in passing the exam.

The hands-on approach that my teacher has given us has only made me a better AP student. I find using the flashcards and being able to work with your classmates helps me remember all the information. Also, the AP history Jeopardy game that we played in our tutoring sessions made it fun as well. It wasn't just book work all the time we were able to interact with one another as well as the teacher. The test didn't scare me anymore and just had me ready. As I went to bed each night I caught myself remembering all the information I did during the tutoring sessions.

Also, the Saturday sessions where there were students from all over the county also helped. I was able to mingle with them and get new ways on studying for the exam. They helped me with the areas I was weak in and broke it down for me. The teachers also presented new ways on studying and how to actually write the essays for the exam. It helped me so much and I would definitely recommend these tools to other people.

annon Fillaire

Sincerely.

Shannon Hilaire

To whom it may concern,

I personally think that the after school programs at my daughter's school (Hallandale High School) was very helpful in preparing her for the United States History A.P. exam. The study guides and worksheets she received also gave her more confidence in passing the exam. I know that Saturday school and tutoring was very helpful because she would tell me different events in American history throughout the week. On the day of the exam she seemed confident and ready to take the test. After school she told me that she learned about most of the subjects covered on the exam and she believed she passed the test. The preparation techniques that was available for my daughter really helped her on the exam. These programs also help her further understand what her teacher taught in class. Thank you for taking your time in reading this letter.

Sincerely,

Esther Fair

Esther Bouie May 12,2011



May 12, 2011

TO: City of Hallandale

FROM: Latima King, Work Force One

RE: Memorandum of Understanding

Work Force One has had an ongoing relationship with Hallandale High school for the past six years. The school serves as an orientation site for the Sununer Youth Program as well as employ some of our youths at their summer camp. We use classrooms, cafeteria and the auditorium during our scheduled events.

We will continue our partnership for the 2011-2012 school year and hopefully for many more years to come. We are proud of the support that we receive from the administration as staff each time we visit the school.

### Latema King

SYEP Community Liaison (954) 202-3830 Ext. 3002

6301 NW 5th Way, Suite 3000 Fort Lauderdale, FL 33309 Fax: (954) 202-3620

<u>lking@wf1broward.com</u>

### MELISSA D. JOHNKINS

840 S 61<sup>st</sup> Terrace~ Hollywood, Florida 33023 Home Phone: (954) 322-7670 ~ Cell: (954) 347-5986 Email: melissa.johnkins@browardschools.com

### READING COACH

~Dedicated~Dependable~Team Player

Self-motivated and compassionate, possessing the characteristics of a strong educator and instructional leader. Superior interpersonal and communication skills that are sure to motivate the most reluctant student or educator. Facilitator of learning for all. Trustworthy professional with a belief that all students can succeed with the proper guidance.

### Areas of expertise include:

- Learning Communities
- Staff Development
- Cooperative Learning
- Curriculum Development and Instruction
- Community Involvement

- Reading Strategies
- Data Analysis
- Classroom Observations
- Monitoring and Assessment
- Coaching & Mentoring

### **EDUCATION & CERTIFICATION**

Florida Atlantic University-Boca Raton, Fl Master of Science, Educational Leadership, Summer 2003

Florida International University-Miami, Fl Bachelor of Science, Elementary Education, Fall 1997

Elementary Education ~ Educational Leadership ~ Reading Endorsed

### PROFESSIONAL EXPERIENCE

Hallandale High School, Hallandale, Fl Reading Coach, August 2010-Current

McNicol Middle School, Hollywood, Fl Reading Coach, August 2007~June 2010

Attucks Middle School, Hollywood, Fl Reading Coach, August 2005-June 2007

### Leinani (Linda) Humphrey

1221 NW 127 Drive 954-647-2693

### Managing The Learning Environment

- As Curriculum Leader, planned, organized, and facilitated school academic plan (including IFCs for all subjects) to increase student achievement in AYP subgroups for approval from Area Superintendent, Area Directors, and other district personnel
- Organized trainings on reading and math assessments, the Struggling Readers' and Math Charts, and writing measurable goals to assist students in achieving instructional goals
- Organized training for school staff on Autism from a local community agency (CARD)
- Participated in recruiting innovation zone retail business partners and acquired instructional donations
- Organized paraprofessionals' duties to ensure safety of all students upon arrival and departure of school
- Assisted with the creation of the school wide safety plan; participated in school wide discipline committee
- As ESE Specialist participated in development of master schedule; responsible for ESE student schedules

### Instructional Leadership

- Facilitated and implemented Marzano's 8 Step Process while collaborating with administration, leadership team, teachers, students, and parents through ongoing bi-weekly data chats and reviewing data from BATs. FCAT scores, mini-assessments, report cards, discipline records, transportation, etc., being mindful of AYP subgroups to meet individual student's academic and/or behavioral needs
- Identified high yield strategies while participating in Classroom Walkthroughs and providing immediate feedback to assist in increasing student achievement
- Developed school wide extended learning opportunity to provide tutoring to increase student achievement after disaggregating data ensuring that AYP subgroups were represented
- Created a study group of teachers to implement differentiated instruction
- Developed and presented a Support Facilitation model, guidelines, and evaluation tool to increase student support for achievement of individual goals
- Served as a member on the District School Improvement Plan committee to assist schools in writing effective school improvement plans addressing all AYP subgroups

### **Decision Making Strategies**

- Utilized FCAT scores, Reading Fluency scores, Reading Placement Tests, and DAR scores to ensure proper placement in reading programs
- Revised IFCs based on results of BAT, mini-assessments, classroom observations, and data chats
- Designed, trained, and facilitated procedures for the CPST ensuring the implementation of the district's vision in implementing researched based interventions and students' responses to the interventions
- Trained school based leadership team on how to apply Plan, Do, Study, Act process in reviewing data and making instructional decisions to increase student progress

### Community & Stakeholder Partnerships

- Developed partnerships with innovation zone retail stores which led to instructional classroom donations
- Recruited parents, teachers, and students to participate in PTSA and SAC by various communication means such as personal invitations at conferences, flyers, school website, newsletter, parent link, etc.
- Participated as an exhibitor at district-wide Private School Expo to increase parents' and professionals' awareness of accommodations for struggling students
- Represented South Area ESE department at Transition Family Night to increase parent awareness of resources; presented tips for study skills at school wide Family Night
- Created and facilitated an Exceptional Education Parent Advisory Group for parents to network
- Participated in community walk to raise money for Autism research

### Diversity

- Presented inclusive practices and accommodating students with diverse needs to faculty to promote inclusion for students with disabilities, of other languages, and from low socio-economic families
- Initiated and chaired an awards committee through the School Improvement Team resulting in a school-wide awards program that recognized all students for achievement, improvement, and effort regardless of learning barriers-disabilities, limited English, or lack of exposure due to socio-economic status
- Disaggregated AYP data by subgroups in order to make recommendations for school improvement plan
- Consulted with ESOL coordinator to ensure the implementation of strategies for ESE/ESOL students
- Promoted multi-cultural activities as Assistant Principal designee overseeing the Multi-Cultural Liaisons

### Technology

- Utilized technology to access mini-assessments from BEEP, BAT scores from Data Warehouse to analyze and communicate results to all stake holders for effective data driven instruction
- Created and organized school wide student computer labs as an extended learning opportunity to increase student achievement using software programs such as TeenBiz, Study Island, Tabula Digital, etc.
- Utilized Midas to identify "bubble", "dip", and "bonus" students for school wide tutoring program and disaggregate them by AYP subgroups
- Assisted with selecting, planning, and organizing digital classrooms

### Learning, Accountability, & Assessment

- Conducted Classroom Walkthroughs providing immediate feedback regarding observations, assisting with selecting instructional strategies and classroom best practices for delivery of instruction for students
- Created an analysis trend for FCAT scores, BAT scores, and Mini-Assessments to visually assess progress
- Organized faculty training on differentiating instruction, building capacity across subgroups and grade levels by allowing opportunities for staff to share best practices through demonstrations during learning communities
- Participated in developing pilot program to include "at risk" students and ESOL students with Exceptional Education students to provide individualized programming to increase student achievement
- Facilitated teacher training on reading/math assessments and the struggling reading/math charts to assist with providing appropriate reading and math instruction

### **Human Resource Development**

- As Curriculum Coach, mentored teachers in behavior management and delivery of instruction
- Participated in learning communities revising the school's delivery of services, best practices, and support facilitation model
- Provided opportunities for teachers at department meetings to collaborate for the purpose of developing IFCs for different subject areas and to develop shared lessons to increase achievement
- Used multiple data resources such as a needs assessment, FCAT scores, inventory of instructional materials and assessments, observations, and interviews to recommend individual staff development activities

### Ethical Leadership

- As ESE Specialist, established and communicated to school staff the obligation of making appropriate decisions that follow the Code of Ethics
- As ESE Specialist and Assistant Principal designee, communicated daily to parents about School Board Policies such as Jessica Lunsford Act, promotion/retention, FAPE, discipline, etc. to resolve complaints and/or concerns, assuring that needs of students were being met while policies were adhered to

### Education

Master of Science	Florida State University	Tallahassee, FL	1984	Exceptional Student Education
Ed Leadership (K-12)	Florida Atlantic University	Davie, FL	2006	
Reading Endorsement	ABCTE	FL	2008	

3501 Jackson Street unit #412 Hollywood, Florida 33021

### JOHN W. BATTLE III

(786) 303·1396 (954) 443·8982

### Educational Philosophy

I believe that if a child is provided supportive and positive environment, he / she will emerge an independent thinker. He / she will mirror the behavior of the facilitators. I believe that I should be an inspiration to all students. I believe that students will do I as I do, more often they will do as I say.

### Education

Nova Southeastern University
 Expected Graduation: December 2008

Davie, FL Master in Educational Leadership

Florida A&M University,
Graduated: December 14, 2001

Tallahassee, FL
Bachelor of Science in Theater Education

### Work Experience

1/02 -- Present

### Hallandale All Magnet High School

Hallandale, FL.

- Teacher Drama I-II-III, Acting I-II, Playwriting, Creative Writing, Unified Arts, Debate, and Career Education
- Developed Drama Club After School Program in 2002
- 2004-2005 Hallandale All Magnet High School Teacher of the Year
- Directed over (30) all main stage productions
- Mentored students on individual student projects
- Co sponsors The Gentlemen's Club
- Track and Field Executive Head Coach
- 2005-2006 Broward County Track and Field Coach of the Year
- 2004-2005 Hallandale All Magnet High School Coach of the Year
- 2004-2005 Hallandale All Magnet High School State Track Championship
- Foundations Committee Member
- S.O.T. Start on Time Staff Member
- Lead Personnel (Intern Assistant Principal)
- Lead Teacher (Performing Arts Department)
- Team Leader (10. 2. C.)
- School Advisory Forum
- Mentored new teachers, coaches, and clubs sponsors
- Assisted with staff development for new teachers
- Planued and facilitated parent/teacher conferences

YMCA Hallandale, FL

 Drama Director provides theatrical education, training, and production management for YMCA 21st Century students and staff.

Created the John Battle Theatre Ensemble INC. June 2003-Present Hallandale, FL J.B.T.E is a full service 501C3 non-profit theatre company. Design to provide community service for Hallandale All Magnet High School students and a platform to continue their artistic training.

Daviso P Formandes-Jones 500 NE 12<sup>th</sup> Ave, apr 108 Hailandole Beach, Fl 33009 (305) 725-3884 Daviso jones@hrowardschooks och

### Professional Objectives:

To serve the students of Broward County with fidenty and serve as a mentor to future teachers. To achieve a Mister's Degree in Clinical Psychology

### Education:

2003 Bachelor of Science in Education, University of South Florida, Tampa, Florida Major Social Science Education Minor History

2000 Associate of Arts, Milatti-Dade Community College, Milatti, Florida Concentration, Secondary Education

1997 Academic High School Diploma, Mianu Norland Senior High School, Mianu, Flonda

### Employment

7/09-9/11 Professional Mentor, Title V Broward College South Campus

8/04-7/09 Mentor, Teacher, and Advisor, Urban Teacher Academy (UTAP), Hallandale High School, Hallandale, Flonda

8/06-7/07 Mentor and Cooperating Teacher, Good Fit, Florida Atlantic University, Broward Community College, Hallandale, Florida

7/03-Present, Highly Qualified Instructor, Hallandale High School, Hallandale, Florida Ms. Rosemary Chambers

1/03-4/03 Internship, King Senior High School, Tampa, Florida Mr. Scott Hartwig

### Leadership

### Leadership Positions

- 2008 Co-Department Chair, Social Studies department, Hallandale High School Hallandale, Florida
- 2008 Vice President, Faculty Council, Halfandale High School Hallandale, Florida
- 2008 Academy Leader, Urban Teacher Academy, Hallandale High School Hallandale, Florida
- 2006 Voting Member, School Advisory Council, Hallandale High School Hallandale, Florida

2004-2005 Coordinator, AVID program, Hallandale High School Hallandale, Florida

2003-2004 Chairperson, School-wide International Fair program, Hallandale High Hallandale, Florida

### Honors and Awards

- 2008 Broward County Teacher of the Year, Finalist School Board of Broward County
- 2008 Teacher of the Year, Hallandale High School Hallandale, Flonda

### Jacqueline A. Smith 6464 Racquet Club Drive

\*jacqueline.smith@browardschools.com

Ceilular (954) 778-1030

### PROFESSIONAL PROFILE

Accomplished educator/administrator with demonstrated ability to teach, motivate and direct students/staff. Support colleagues and administration in facilitating social and intellectual growth. Self motivated, with strong planning, organizational and leadership skills.

### **EDUCATION AND CERTIFICATION**

Reading Endorsement- November 2005

Certification in Educational Leadership, Florida Atlantic University-August 2005 ESOL Endorsement-August 2005

Elementary 1-6 Certified-September 1994

Advanced Diploma in Education, Brooklyn College, New York -1994

Bachelors Degree-Business & Humanities-Cayman Islands-1991

Major: Masters Degree in Elementary Education

### **EXPERIENCE IN EDUCATION**

August 2009-Present: Hallandale High School, Hallandale Beach, Fl

Reading Coach

August 2007-June 2009: Lindley Middle School, Mableton, GA 30126

Assistant Administrator

January 2006-June 2007: New Renaissance Middle School, Miramar, Florida 33025 Assistant Principal

2004-December 2005: New Renaissance Middle School, Miramar, Florida 33025 District Reading Coach

2002-2004: New Renaissance Middle School, Miramar, Florida 33025 Curriculum Facilitator/Reading Teacher

1998-2002: Sunland Park Elementary School, Fort Lauderdale, Florida 33321 Fourth Grade Teacher, Curriculum Facilitator, Department Chair

1992-1998: Junior High School 275, Brooklyn New York, 11212 Science Teacher/ Reading Teacher/ Family Science Presenter

### CERTIFICATES

Georgia Professional Certificate-2010: Educational Leadership, Middle Grades Reading, Social Science, Language Arts, ESOL, Reading Endorsed, Elementary Education, K-2 Florida Professional Certificate: 2013-Reading, ESOL, Educational Leadership New York State Permanent Certificate-Elementary Education

### PROFESSIONAL EXPERIENCE

Mathematics Coach

Hallandaie High School

August 2010 - Present

Hallandale, FL

- Designed and implemented Secondary Instructional Focus Calendar, all data driven
- Analyzed data from FCAT, BAT 1 & 2 and mini assessments to help drive instruction
- Modeled and co-taught mathematics lessons for teachers
- Assisted with formation and implementation of SIP plan.
- Collaborated with other departments to emphasize mathematics instruction
- Assisted in implementation of Professional Development Calendar
- Planned and facilitated Professional Development items to include, but not limited to FCAT & EOC Trainings, Differentiated Instruction, Classroom Management, etc
- Assisted individual teachers with classroom management, lesson management, behavior management, lesson planning, differentiated instruction, new textbook adoption, online resources, etc
- Attended trainings at local level

Mathematics Coach

McNicol Middle School

August 2008 - June 2010

Hollywood, FL

- Analyzed data from FCAT, BAT 1 & 2 and mini assessments to help drive instruction
- Modeled lessons for teachers
- Co-taught lessons with mathematics teachers
- Assisted with formation and implementation of SIP plan
- Collaborated with other departments to emphasize mathematics instruction
- Assisted individual teachers with classroom management, lesson management, behavior management, lesson planning, differentiated instruction, online resources, etc
- Assisted in implementation of Professional Development Calendar
- Planned and facilitated Professional Development items to include, but not limited to FCAT & EOC Trainings, Differentiated Instruction, Classroom Management, etc
- Served as Interim Coordinator of after school tutorial program
- Attended trainings at state and local levels.

Mathematics Teacher

Coral Glades High School

Coral Springs, FL

August 2007 – June 2008
• Algebra Teacher

- Teacher in after-school tutorial program
- Member of Literacy Team

Magnet Coordinator

Perry Middle School

Miramar, FL

March 2006 - June 2007

- Provided leadership in the development and implementation of the International Baccalaureate Magnet Program to ensure
  that students were offered a well-rounded education based on higher level thinking skills, integrated curriculum, thematic
  units, and intercultural awareness
- Collaborated at the district level to further enhance the International Baccalaureate program
- Collaborated with partner high school coordinator, on at least a monthly basis items to include, but not limited to ensuring
  the creation of all documentation would meet standards for authorization of program, satisfying international requirements; to
  make certain that programming was consistent with laws set forth by international guidelines, as well as state and local
  requirements through proper coursework; ensuring that our students transitioned well between the middle and high school
- Planned and facilitated Professional Development
- Organized recruitment process for program
- Planned and implemented Open Houses for students and parents
- Assisted with scheduling of magnet students
- · Guided tearn in development of program brochure
- Arranged for staff to attend out of state training on an ongoing basis
- Attended conferences at national and international level
- Attended trainings at state level
- Coordinated field trip opportunities for magnet students
- Assisted with magnet budget
- Served as Title 1 Liaison insured that proper policies and procedures followed at the school level; assisted with budget of Title 1 funds

### Sarah T. Samuels

754-581-4459 800 SOUTH PARK RD, # 2-217 HOLLYWOOD, FL 33021 SARAH.SAMUELS@BROWARDSCHOOLS.COM

### Education

Flagler College December 26tte. Bachelon of Arts

- . SECONDARY ENGLISH EDUCATION
- DEAF EDUCATION
- · ENGLISH

### Experience

December 2010 - Present - ESE Specialist Hallandale High School

- · OVERSEE THE SPECIAL EDUCATION PROGRAMMING FOR ESE STUDENTS.
- SCHEDULE AND HOLD IEP AND OTHER MEETINGS FOR EACH STUDENT ANNUALLY TO MAINTAIN COMPLIANCE.
- COLLABORATE WITH TEACHERS TO MAKE TEACHING MORE EFFECTIVE FOR ESE STUDENTS

 LEAD THE ESE DEPARTMENT IN PROFESSIONAL DEVELOPMENT, SCHOOL AND DISTRICT REQUIREMENTS, MAINTAINING CERTIFICATION, ETC...

August 2007 - December 2010 - ESE Program Specialist South Area Office of Broward County Schools

- OVERSEETHE SPECIAL EDUCATION PROGRAMMING A 10 SECONDARY SCHOOLS.
- COLLABORATED WITH ADMINISTRATIONS TO MAKE SUGGESTIONS RECARDING ESE CLASSES AND STUDENTS.
- COLLABORATE WITH TEACHERS TO MAKE TEACHING MORE EFFECTIVE FOR ESE STUDENTS.
- MEDIATED BETWEEN SCHOOLS AND FAMILIES DURING IEP AND ESE MEETINGS.
- CONDUCTED FUNCTIONAL BEHAVIOR ASSESSMENT AND POSITIVE BEHAVIOR INTERVENTION PLAN TRAININGS.
- CONDUCTED POSITIVE BEHAVIORAL AND ACADEMICS STRATEGIES FOR STUDENT SUCCESS TRAININGS.



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#### **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in fieu of such endorsement(s).

#### DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or after the coverage afforded by the policies listed thereon.

# City of Hallandale Beach FY 2012 Community Based Organizations Grant Application



## Title: Educating our Community 2011-2012

Mr. Anthony Dorsett, Acting Principal

### City Of Hallandale Beach FY2012 Community Based Organizations Grant Funding

#### **Grant Application**

#### 1. Organization Background Information:

Hallandale All Magnet High School is a culturally diverse school serving over 1500 students in grades 9-12, the majority of whom are at risk of academic failure. In 2010-2011, 84% of our students were on Free and Reduced Lunch, only 27% of our students met high standards in Reading as set in place by the state. 57% of students performed high on the mathematics portion of the FCAT and only 28% of our students met high standards in Science. In an attempt to increase student achievement and promote social success, we are seeking funding to implement our: Educating our Community-Extended Learning; College Preparation; New Computer Cart; Parent University; Community Outreach; Work Force and Incentive programs. If funded, the grant will provide the much-needed funds necessary to supplement our existing tutorial program as well as fully fund new and creative initiative for 2011-2012. The grant will allow Hallandale High School with the opportunity expand the learning opportunities in a safe environment that will support each student and encourage their efforts to improve academically and socially, provide parent trainings and accessibility of the school's resources to our community (parents and feeder schools within our zone). The FY 2012 funding will allow for us to provide a comprehensive approach to reach our youths and identify deficiencies they face each day. In addition, we are looking at creating opportunities to our parents and families in the Hallandale community by providing job trainings and opportunities for home ownership, job recruitment, technology training and connecting the school with the community by joining forces with Hallandale Center for the Arts, CSC/YMCA and other businesses to provide needed services to our families.

## 2. Description of Program/Project:

#### Academic/Tutorial Programs:

The Hallandale "Educating our Community" Program will enable our at risk, low performing students to improve their reading, mathematics, science and writing skills through the implementation of a research-based strategies, computerized assistive software, certified instructors and peer tutoring. It will also provide the well-needed support to student athletes in a 45 minutes study skill tutorial and homework help session after school.

The budget cuts over the last few years, has led in elimination of tutorial and remediation programs at Hallandale High School. Over the last two years, we served over 650 students through our before/after school program, Saturday tutorials and summer enrichment/college bound programs. We will serve present Hallandale High School students as well as feeder middle schools through the BRIDGE Program (summer program designed to assist 8<sup>th</sup> graders with a smooth transition into high school). In addition to academic success, the program will strive to increase graduation and retention rates. Last year, through the financial contribution from the City of Hallandale, we ranked #1 with the highest graduation rate among African American students. We had only one student not graduate (99% graduation rate). The vision of the administration at Hallandale high school is to provide the best opportunity to increase academic success of "all" students. The funds will allow students to benefit from additional academic support through an extended day program, Saturdays and summer. The second phase of the program will allow students interested in the Fine Arts & Performing Arts to attend practice and tutorial sessions in band and drama. 100% of the students involve in the Band and Performing Arts program are accepted into college. We will also continue to solicit business partners and develop ongoing relationships with various organizations such as, the Food Banks, Hallandale Beach Clean Up projects, Hallandale Cultural Arts Center, Work Force One, Hospitals, area elementary and middle schools.

#### Parent University (trainings & workshops):

According to research by Joyce Epstein (School & Family Connections: Theory, Research & Implication for Sociologies of Education & Family) heightened parent involvement increases student achievement amongst K-12 learners. Additionally, parent's involvement is linked with a variety of student cognitive & affective outcomes. Funding for the 2011-2012 school year will allows us to improve our home-school partnership and provide the necessary resources to our parents and families of the Hallandale High School community. Our aim is to provide a comprehensive approach to reaching our families with our focus being on trainings and workshops to assist with home ownership, connecting with local businesses to provide on the job trainings, certification and recertification of skills. Extended hours after school and on Saturdays to allow for parents to receive help with resume writing and technology trainings. We hope

to unveil our Hallandale High School parent university – a one-stop location meeting the needs of the community. Through the grant, we intend to reach more than 500 families each year. This service will be free as a result of the grant and the community will benefit by creating productive, skilled individuals that are ready to seek and obtain employment. Work Force One, local businesses, along with funds from YMCA/Children Services Council will provide funds and services to enhance this project.

#### Technology:

Wireless Computer Lab: This grant will allow the purchase of 30 computers for student use in the school. Creating a mobile "Computer Lab on Wheels" will allow more students the ability to utilize technology in the regular classroom, rather than just in a computer lab. We presently have four antiquated computer carts that are not fully functional, however, with the new inception of computer-based assessments (reading, math, science) students are required to be exposed to several hours of computer practice. In addition, our students must be able to keep up with the advances in technology. This wireless computer cart will help all 1500 students as well as our parents during SAC/PTSA and parent workshops.

#### **Student and Parent Incentives:**

Finally, incentives will be provide to students with perfect attendance, students showing academic improvement in academics (FCAT) and Performing & Fine Arts. We provide incentives, treats and meals to 1500 students and more than 500 families each year. Broward County school board does not allow for the purchase of gifts or food items for students or parents. The grant will allow us to provide meals, snacks and incentives to families when they attend workshops, training sessions, tutorials and support programs. In the past, we provided bicycles, IPODS, computer software, gift cards and electronic devices to students and their families each time they participate in school-based events. Parent attending 80% or more school-based events are also rewarded and recognized. Volunteers and retired seniors are also recognized through the grant.

#### 3. METHOD OR STRATEGY FOR IMPLEMENTATION:

#### Goals and Objectives:

## Objectives: By June 2012, increase the Reading and Math scores by 3-5 percentage points.

- Target the low performing students by providing before, after and during school tutorials.
- Provide incentives to students and families for attending extended learning opportunities (Saturdays)

#### Goals:

- At least 60% of the student population at Hallandale High School will participate in extended learning opportunities/tutorials.
- Increase participation by 20% over previous year.
- Improve the success and passing rate of all students that participate in tutorials.

### Objectives: Increase the participation rate in the tutorial program from 650 students to 800 students, to include but not limited to grades 9-12.

- Increase the frequency of SAT and ACT prep classes throughout the school year and summer. Offer six sessions, which is two more than 2011.
- Mandatory attendance to tutorial sessions for all athletes and club participants.
- Include a homework help session during the tutorial sessions that will assist students with homework, projects and preparation for quizzes and tests.

#### Goals:

- At least 75% of students will have benefited from prep courses and tutorial sessions during school year as well as during the summer.
- Increase participation rate by 40% over previous year.
- Monitor student progress by creating database with grades, test scores and attendance rate.

## Objectives: Target and recruit at least 200 parents/families during our trainings/workshops and job rebuilding efforts.

- Conduct a parent survey in order to establish and address the needs of the families we serve.
- Provide on the job training by allowing parents/family members.

#### Goals:

- Increase our volunteer and parent involvement by 50%
- 100% of the families participating in the workshops and job training will gain skills and knowledge to better prepare them for the work force.
- 100% of the families will develop and maintain a plan that will assist them in gaining employment.

## Objectives: Assist with homeownership for families (education, financing and ownership).

• Recruit business partners and community leaders to assist with job trainings and financial workshops.

- Provide transportation, meals and resources needed to participate in workshops and training sessions.
- Conduct FAIRS and Conferences for parents at various locations.

#### Goals:

- Assist 5% more new families towards home ownership.
- Assist 200 families with financial planning, tax preparation, saving and resources needed to increase their chances of owning a home.
- Increase the number of parents that are more knowledgeable about home ownership by 30%

## Objectives: Connect our performing arts program with the Hallandale Center of the Performing Arts.

- Develop a long-term plan and partnership with Hallandale High School and the Hallandale Center for the Performing Arts.
- Collaborate on two projects during the school year.
- Increase family and community awareness of the programs and resources offered by school and cultural arts center.
- Increase the number of students admitted into performing arts programs in college.

#### Objectives: Increase the number of students being accepted into college.

- Identify and monitor students that are college bound.
- Provide resources (human and technical support) to students by conducting grant writing sessions, college application workshops and field trips to colleges and universities.
- Increase student awareness to various colleges, locations and scholarships.

#### Goals:

- 100% of the students identified and monitor will enter college (community, technical or four-year)
- Increase the percentage of students gaining scholarships, and grants by 30%.
- Include an additional 5 colleges to school-based college fair and college trips.

The principal, sites and curriculum leaders will coordinate the responsibility of the project, and assistant principals will supervise the program. Several teachers, clerical and paraprofessionals will be responsible for the implementation, supervision and coordination of all programs. A partnership with the YMCA, Children Services Council (CSC), local businesses and additional grants with help to enhance and promote the success of the programs being implemented.

Hallandale High School will be the main location for most of our programs. We will provide the autoring, parent trainings/workshops, meetings at the school site. Our tutorial sessions begin in October of each year and commence in July with our summer enrichment program. We will operate 2:45-5:15 Mondays through Fridays and from 8-12 noon on Saturdays. During the summer, we will operate for 20 days at 5 hours Mondays through Thursdays.

#### 4. Evaluation

The grant will help to fund various projects and activities. In order to address issues, make improvements and monitor successes, we will conduct monthly reviews and collaborative leadership meeting to assess the success and or failures of each project or task. Based on feedback, surveys and summits conducted, we will review and make changes, if necessary. Conducting regular evaluation sessions will also allow us to monitor each task individually and determine if changes need to be made. In addition, this will allow us to work towards our midyear report and have the required documentations readily assessable.

**Tutorial Programs**: Evaluations will be done using attendance data, pre and posttest scores, report card and student performances in class/academic subjects, student survey and FCAT scores.

PTSA/SAC/SAF Meeting: Evaluations will be done using attendance data, parental involvement reports, and documentation of volunteer hours, parent surveys and yearlong parent support to all school-based activities.

Parent University: Evaluations will be done using success rate of parent finding employment as a result of our skills and job training programs, improvement with specific skills (computer, grammar, writing etc.), attendance to school based activities and number of families purchasing homes as a result of the community and school support.

#### 5. Sustainability

Hallandale High School would not be able to provide the extended learning opportunities and other services that we offer to our students and their parents if we do not receive the funds requested. Last year our funds from 21<sup>st</sup> Century Federal Grant was discontinued, and we received less than 60% of the funds needed to offer tutorials, parent trainings, field trips and finance our athletics and performing arts programs.

Unfortunately, due to drastic budget cuts to education, programs such as tutorials and parent workshops has not been funded for the last two years. We would be able to provide no tutorial services, however, we would be able to conduct a few parent workshops during the FY 2012.

We have requested funding again from Children's Services Council (CSC)/YMCA again this year, however, we will not know if they will continue to fund our program until August. Funding cannot be guaranteed from this organization until they get their annual reports of donation in July of each year. To date there has been no commitment or funding received for the FY 2012.

Our sustainability plan is entirely dependent upon the budget given to each school. We are sure that we will not receive any funding for extended learning opportunities, parent trainings, technology and incentives needed in a struggling community like Hallandale. We serve a low socio-economic class that struggles with unemployment, single parent homes, techage parents, and low college acceptance rate, skills needed to obtain, and retain meaningful employment.

Our aim is to assist with the rebuilding of our community through skill and job trainings, financial independence and homeownership. We would like to work with not just only the students but have a comprehensive approach to rebuilding families.

Children Services Council (CSC), 21<sup>st</sup> Century and YMCA provided funding to assist with the before and after school tutorial and activity sessions. Last year our funding was reduced from \$120,000 to \$70,000. We are expected to receive \$70,000 again unless they receive fewer donations.

We also received Title One Federal funds, however, the grant was only for two years and will end in June of 2011. There will be no additional funding for High Schools through Title one.

As opportunities arise to apply for grants, we will continue to explore all areas in order to provide support to our students and their families.

#### **GRANT APPLICATION**

6. BUDGET INFORMATION	Please fill in information as requested.
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PROPOSED PROJECT NAME: Educating Our Community

	GRANT	OTHER		
ITEM	REQUEST	GRANT FUNDS	INKIND	JUSTIFICATION
Personnel Cost	\$30,000	\$50,300	\$15,000	Salaries for staff & vendors.
Consultants	\$5,000	\$5,000	\$10,000	Wcrkshops, job training & Prof. Development
Supplies	\$20,000	\$10,000	\$500.00	ID badge barcode machin novels, ACT/SAT books
Equipment*	\$20,000	\$5,000	]	Laptop cart, IPODS
Travel	\$10,000	\$10,000	\$5,000	rield Trips, Dual Enroll to college daily, atale
Facility Rental Fees	\$2,000	\$6,000	\$3,000	Student banquets, paren summits, luncheons.
Marketing	\$6,000	\$2,C <u>0</u> 0	s10,000	Fliers, newspaper, post
Printing	\$2,000	\$2,000	\$5,000	Worksheets, parent resumes, training packs
Other (specify)	\$15,000	\$15,000	   slo,000	Incentives, meals, snac Staff appreciation.
TOTALS	\$110,000	\$90,000	\$58,500	TOTAL BUDGET: \$258,500

\* Equipment purchased over \$500 may become the property of the City of Hallandale Beach.

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#### CERTIFICATION

I certify that the information contained in the Application, including Budget and Attachments (supporting materials) are true and correct to the best of my knowledge.

Date S/14/11 Signature of Authorized Representative

ACTING PRINCIPAL

#### GRANT APPLICATION

#### **COVER PAGE**

Organization Name. Keeping Dreams Alive Foundation. Inc
Mailing Address: 3160 NW 114 Lane
City/State/Zip Code: Coral Springs, FL 33065
Phone: 954-258-4117 Fax: n/a E-mail: plowe@kdafoundation
Name of Contact Person Patrick Lowe Title President / Director of Education
Organization Information
Is the organization incorporated? Yes X No □ FEIN# 65-1118283
Does the organization have 501c(3) Tax Exemption Status? Yes X No □
If no, have you applied? Yes □ No □ If yes, provide a copy with your application.
If no, provide the name of the Fiscal Sponsor Does the organization have a Board of Directors? Yes <b>X</b> No □
Total # of Board Members: 3 # of Staff: 2 # of Volunteers: varies
Does your organization carry Liability Insurance? Yes □ No X Amount
Proposal Information
Program/Project Name: KDA / S.M A R T. CAMPS – Academic Mentoring Program
Priority Area Addressed. <u>Education</u> Age group <u>13-18</u> # to be served: <u>300_student-athletes</u>
Annual Budget \$_\$27,350 Amount of Request \$_\$27,350 Total Project Cost \$_\$27,350
Source of Current Funding: Private Funding through Donations
Has your organization received funding from the City before? Yes □ No X
If yes, Amount Funded \$ Year # of Residents Served
Have you attended the city's Capacity Building Workshops conducted by Mr. Non Profit?  Yes □ No X
Give a brief summary of the Previous Project Funded: 67a
Authorized Signature of Organization Representative Date 05-09-11

#### GRANT APPLICATION

#### APPLICATION CHECKLIST

Please initial below as confirmation that each of the required documents has been submitted with the Application for review.

**COVER PAGE** 

APPLICATION CHECKLIST

Copy of Organization Non-Profit Status Letter from IRS

List of Board Members, Director/Agency Head, Titles and Addresses

Evidence of Incorporation for State of Florida (www.sunbiz.org)

Evidence of Financial Soundness (990 form) or documentation from a Financial Institution showing three (3) months of operating expenses

Letters of Support for the project (limit to three (3))

Memorandum of Understanding/s if partnering with any organization/s

**Key Staff Resumes** 

Copy of the organization's Certificate of Insurance and/or a Letter of Indemnity (holding the City of Hallandale Beach harmless)

#### **GRANT APPLICATION**

#### 1. ORGANIZATION BACKGROUND INFORMATION (no more than 1 page)

#### KDA MISSION STATEMENT:

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#### HISTORY:

Patrick Lowe, a product of Broward County Schools, All-American High School Scholar Athlete, and current Assistant Principal in Broward County Public Schools system, connected with the KDA Foundation through University of Florida Teammate. Ben Harks in 2001. Hanks, a product of Overtown Minim and Minim Senior High School, All SEC Linebacker, former NFL player, and current Booker V. Washington High School Football Coach. Minim Parks & Rec. Manager partnered up with Lowe's S.M.A.R.T. CAMPS and Glenn Stoutt, KDA Director of Operations in 2003 to incorporate FREE academic and awareness programs for parents, students coaches, schools community-based organizations, in addition to conducting local youth summer sports camps. After 8 years of inarketing, partnerships, and demonstrating leadership, along with data collection / feedback, KDA has relevant programs implemented in approx. 20 schools/organizations throughout Florida, beholds popular websites nationwide/internationally, and conducts a host of charity community events throughout nationwide internationally.

KDA has expanded into a Board of Directors featuring educators, entertainers, professional/college athletes, and local community leaders who coordinate programs for schools and communities. This movement has become a successful model for encouraging inner city students to become successful students-athletes, overcoming negative distractions, finding a college/career, and acknowledging the importance of giving back to their home community as a successful adult

#### CURRENT PROGRAMS / SERVICES.

- We now currently have over 200 strateur alb'etes involved in the programs with servetured academic plans for success throughout Dide. Broward, and Palm Beach County. What the assistance of local Community Leaders: Principals, Athletic Directors, and Controlles we have implementing reactant, high performance training environments in schools, park a chareless are Locine 2016/SOCL within a been measuring if a Halla idale like a School Foothalf Team. Their program recently involvemental the SALAR LOAMPS Academic Mental on Program as approximately 150 stadent addition passing a successful graduation, become facilities with college admission procedures, and carriagated partial scholarston.
- 2 BODA was invited by the outgoing mayor of Coral Springs. Soot Brook, to took the Teen Task Corce Organization for Students Making Organization Repr. Chatters. Plus organization consort of the following members. Students, Parcits Community-Wask d Organization Repr. Chatters. Business Owners. School Administrators Teachers, Profee Dept. Representatives.
- BUNA Unsuran & Skills Camp. Browned Comay Affects. Assoc. June 11 C. Lockhart Studium Et. Unideedale 11 SAFAR USANPS. Resouring Associas Workshop.
- 4. ISDA Charaty Lve to CVIk Concert presents close than AbSe Macino Anord P Cotal Sorrags, 11.
- 6 KDA Community Ontreach Program teatraing University of Miniral occided Joint Haily 9. Unfondable Beach, EL (1805) One Day Comp. Educational Type. Autographed Posters.

KDA Community Outreach. Purent Training Programs and Charity Events have been a constant success story also. Our team of Community Leaders is dedicated to helping our youth understand the importance of education, sports, and careers with a plan of success inspired by long, short goals organized strategically throughout secondary education. Our Board Members and Directors will continue to build awareness about common setbacks in school, include MOVIE & TV STARS, PRO-COLLEGE ATHETES, t OMMUNITY EVENTS as sources of motivation, while improving intellectual & athletic cupabilities of clients. Join as as we promote the "Legacy & Dream" of Martin Luther King Jr.

Change One Life, Change & Generation!

#### 2. DESCRIPTION OF PROGRAM/PROJECT (no more than 2 pages)

KDA Foundation staff consists of entertainers, pro/college athletes, community leaders, principals, leachers, guidance counselors, coaches and volunteers. This dynamic program is designed to support the City of Hallandale Beach student athletes and their parents as they transition academically socially from High School to POST SECONDARY education, especially for FREE at no fee. We realize that students in High School need extra support with maintaining good academic habits, acquiring appropriate life—study skills, and acknowledging college readiness procedures. The community will benefit from our positive Community Outreach Programs as the participants also follow an annual plan of action for being actively accorded in community-based activities for service hours, while gaining experiences of leadership.

The general overview of the KDA/S,M.A.R.L.CAMPS - Academic Mentoring Program is to provide FREE Academic Advisory / College Preparatory Awareness Programs / Sports Training Camps / Community Events for low to moderate income High School student athletes, specifically in the City of Hallandale Beach, FL. To increase help schools conches incorporate consistent academic awareness activities, we will include the importance of goal setting, time management, and positive decision making by conducting consistent, monthly workshops for coaches, students and parents. These FREE programs would bring a positive, high performance learning culture to the community of Hallandale Beach with goals to improve academic setbacks in school, build awareness of college admission procedures, and promote athletic goal setting together with the City of Hallandale Beach, local High Schools, and our KDA staff.

These much needed FREE Academic Advisory. College Preparatory Awareness Programs / Sports Training Camps / Community Events will give low to moderate income families a chance to experience programs that usually cost too much to money for their budget. Inspirational showcases of guidance & counseling / advisory programs review strategies for success and provide great opportunities to reinforce educational expectations at school, college readiness activities, and community involvement opportunities with feedback documentation, questions and answers for students/parents.

KDA specialize in finding local sponsors, role models, and multi-media networks to build influential relationships amongst businesses, communities, and schools. The positive impact could be announced on the local radio stations/TV to promote education and community involvement when we monthly host events. With your help, the KDA? S M.A R.T. CAMPS Academic Mentoring Programs will also be able to also present and sponsor two Scholar Athlete Awards to the school's student-athletes with the highest OPA and most Service Hours who play sports at Halland de Figh School

#### Issue or Need for BECOMING COLLEGE BOUND - Student athletes in Urban High Schools

Coing on to college after high school graduation is not as easy as it seems. It actually takes more effort than the average student to enter and survive in college. The study habits that students develop in high school determine what type of student they will become at the next level. Remember that there are four types of students, great, good, average, and then there is Joe Blow. Regardless of how hard they work at the beginning or end, their overall performance is dictated by a GPA. Standardized Test Scores, and Community Involvement. To become college bound one must be consistent, mature, and sociable at all times in an academic setting. Along with a 3-0 unweighted GPA or higher, the learner must take and pass the SAT or ACT. The results (scores) are evaluated by colleges for qualifying admission requirements.

#### Issue or Need for ATHLETIC EXPECTATIONS - Student athletes in Urban High Schools

Student athletes must be academically eligible to earn a full or partial scholarship. They must maintain a 20 or higher. Lately, most athletes have at least a 25 or higher. The level of expectation is continuing to rise because of the high amount of competition across the nation. Colleges have to find different ways of evaluating good/great student athletes for obtaining scholarships. Good character and leadership characteristics also encourage colleges to choose specific athletes. The more intellectual and athletic the student is, the better their chances of earning a full athletic scholarship, in addition to a zero contribution Financial Aid Rule. Their behavior character/attitude also plays a major role in your success as a student athlete most of all.

KDA and Hallandale High School could partner with the City of Hallandale Beach to implement fully funded programs for providing life/study skills, conducting college admission workshops—test prep, and demonstrating volunteer service activities / events for low to moderate income families.

Student-athletes at Hallandule High School could experience a program that holistically addresses individual/team goals towards becoming a good-great student, GETTING & STAYING TRACK, graduating and earning a college scholarship cureer

This annual program of monthly events will give the City of Hallandale an opportunity to conduct a positive, inspirational showcase of bridges being connected with families, local schools, community leaders, and role models. It will be a great opportunity to reinforce educational expectations, college awareness, and community involvement opportunities.

Our priority top priority is to target inner city youth and parents in low to moderate income communities in the City of Hallandale Beach. We would like to encourage our youth to strive for success by surround themselves with positive people and to avoid all negative distractions. It will also give students and their parents a sense of direction and confidence as they set a confirmed schedule of long short term goals towards graduation and successfully choosing a college/career.

Our other focus is to also provide Parent Training Activities for parents who struggle with monitoring academic/behavioral progress of their child, are not aware of college readiness expectations, and need assistance with financial Aid Planning for college tuition

The Student-Athletes. Parents of the City of Hallandale will have the honor of receiving our services. We will service up to 300 student-athletes at Hallandale High School and or at the City of Hallandale Beach Parks & Recreation Centers.

Participants will benefit by getting supplemental educational services through monthly activities presented by KDA. S.M.A R.T. CAMPS is staff, role models, and volunteers. At each month event, the participants and parents can attend workshops and review previous goals set and evaluate progress of grades (GPA), behavior / social skills / decision making, and create an impressive High School Resume. The participants will also receive a SWAGG BAG with a t-shirt, schools supplies, and/or sports gear. More student athletes will graduate successfully and earn partial or full college scholarships.

No fee will be requested by KDA / S.M A.R.T. CAMPS. Students and parents will receive information regarding additional supplemental services and will have the options to pay for other company services. (examples – Be Recruited.Com, Math / Reading Tutoring, Athlete's Edge Speed Training Company, etc.)

We will provide FREE services through grants and private sponsors based on the educational materials, sports gear, awards, and food needed for all participating students. Low to moderate income? Free & Reduced Lunch students automatically get their fees waived.

Hallandale High School could benefit by partnering with the City of Hallandale Beach to implement fully funded programs for providing life study skills, conducting college admission workshops / test prep, and demonstrating volunteer service activities / events for low to moderate income families

Student-athletes at Hallandale High School could experience a program that holistically addresses individual/team goals towards becoming a good-great student. GETTING & STAYING TRACK, graduating and earning a college scholarship career

This annual program of monthly events will give the City of Hallandale an opportunity to conduct a positive, inspirational showcase of bridges being connected with families, local schools, community leaders, and role models. It will be a great opportunity to reinforce educational expectations, college awareness, and community involvement opportunities. The City of Hallandale could invite local vendors, entertainers, and multi-media networks to build influential relationships amongst the community while promoting the positive impact on the radio and or news

Other agencies or organizations involved in the project will be the following. City of Hallandale Beach Chamber of Commerce; Local Businesses: Hallandale High School; City of Hallandale Beach Parks & Recreation, and the Keeping Dreams Alive Foundation | S.M.A.R.T. CAMPS ©

#### GRANT APPLICATION

## 3. METHOD OR STRATEGY FOR IMPLEMENTATION (no more than 1 page)

Keeping Dreams Alive Foundation, Inc. Directors. Hallandale High School Athletic Director. Coaches, the City of Hallandale Beach will be responsible for the overall project. The following staff members will be involved. Hallandale High School - Site Facilitators; KDA Director of Athletics, Program Director(s), Guidance Counselors? Coaches? Teachers; and Volunteers.

The potential partners or collaborations will include. Local Businesses; Pro College Athletes & Teams, Community Leaders, Entertainers / Philanthropist; and Local Radio Stations. News Networks.

The projected time frame for implementing the project is set for September 2011 with specific planning in August 2011 wi Partners & Stakeholders

The annual programs will be impremented at the site of choice and will include the specific Goals? Objectives through the following workshops and activities.

#### July - August

- Planning Procedures with Stakeholders Sponsors School Facilitators
- Sports Training Camp, w/ University of Miami Fnotball Team KDA Sponsorship Package (TREE)

#### September - October

- Academic Advisory Camp. Playing the Game Seminar
- Academic Advisory Camp, ACT Guidance & Counseling Preparatory Workshop
- COMMUNITY OUTREACH PROGRAM Volunteer Service Event

#### November - January

- Academic Advisory Camp, "Getting & Staying on Track" Academic Mentoring Program
- Academic Advisory Camp: ACT Guidance & Counseling Preparatory Workshop
- COMMUNITY OUTREACH PROGRAM = (2) Volunteer Service Events

#### May - June

- Academic Advisory Camp: 'Getting & Staying on Track'' Academic Mentering Program
- COMMUNITY OUTREACH PROGRAM Volunteer Service Event
- Scholar Athlete Award Sponsored by Keeping Dreams Alive Foundation
- Sports Training Camp One Day

#### MORE "Getting on Track" Academic Mentoring Activities to choose from:

- Academic Advisory Sessions: GPA Monitoring High School Resumes / Financial Aid Identifying Role Models
- Off / During Season Sports Training: Speed Training, Strength & Conditioning Programs
- Real World Preparatory Camps: Financial Planning, Career Development, & Parent Counseling, Recruiting Workshops

Days and hours of operations could be demonstrated through 1, 2, or 3 Day - Monthly - Individual : Group Mentoring Workshops

#### 4. EVALUATION (no more than 1 page)

In order to address the issues and make improvements or achieve success KDA will review the statistics / data of graduation rates, poverty rates, high school trends & issues, college readiness trends & issues, professional / college athlete statistics, and profile local heroes and their biography.

KDA, student athletes / parents, and coaches will also set long short term goals for success in class, athletic goals, graduation procedures, college i career readiness, decision making, self evaluation procedures, and community involvement. Monthly grade monitoring & individual evaluations will be conducted by the participants at the monthly workshops.

Students and parents will also create a High School Resume, Success Plan, and organize a plan of action for applying for the NCAA & NAIA Clearinghouse

Success will be measured by evaluation tools, interviews, and testimonies. Our ultimate goal is to promote STRIVING TO BE A EXCELLENT STUDENT and Setting Goals of the Year to Become Successful. College Bound student athletes.

The following documentation procedures and evaluation tools will be utilized by KDA, student athletes—parents, and coaches to measure success or benefits

- ATTENDANCE / SIGN-IN SHEETS
- PRE/POST STUDENT / PARENT SURVEYS
- INTERIM REPORTS / REPORT CARDS
- TEAM GPA #1,#2, & #3 (Most Improved)
- NUMBER OF PLAYERS w/ 3.0 Cumulative GPA or higher
- NUMBER OF PLAYERS (who earn a full or partial scholarship)
- NUMBER OF PLAYERS (who make All County selections)
- NUMBER OF PLAYERS (who pass the SAT or ACT)
- COMMUNITY INVOLVEMENT (student with the most volunteer service hours)
- QUESTIONNAIRES / REFLECTION SHEETS
- MULTI-MEDIA NETWORKS (Radio Stations: News Broadcasts, Internet, Newspaper) Interviews,
   Testimonies

Follow up meetings with City of Hallandale and Hallandale High School Athletic Director / Coaches will be conducted monthly to review trends and issues, along with identifying student achievement and setbacks amongst the participants and collect evaluation tools for research documentation.

#### **GRANT APPLICATION**

#### 5. SUSTAINABILITY (no more than 1 page)

If KDA receive 50% of the amount requested, we will operate our services through private funding / donations from charity events

Without funding, we can provide minimal educational services and the participants will not be able to receive FREE school supplies, sports gear, nor food. We would concentrate on providing the life skills/college readiness monthly awareness workshops, without Community Outreach Programs and a Sports Training Camp.

KDA has not submitted any Funding Source requests for this program project at this present time.

KDA has not been funded or received a commitment letter at this present time.

KDA's Sustainability Plan for the next three years is to continue to raise money through KDA Charity events, Sponsorship Donation Procedures and expand our services partnerships throughout Florida, Nationally and Internationally

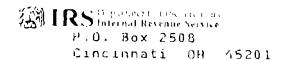
#### **GRANT APPLICATION**

6. BUDGET INFORMATION Please fill in information as requested.

### PROPOSED PROJECT NAME: KDA / S M A.R.T. CAMPS - Academic Mentoring Program

ITEM	GRANT REQUEST	OTHER GRANT FUNDS	INKIND	JUSTIFICATION
Personnel Cost (Admin Costs)	\$3000	n/a	 	Program Directors, Teachers, Guidance Counselors, Coaches
Consultants	n/a	n/a	:	
Supplies	\$13,600	n/a	]   	T-shirts, school supplies, sports
Equipment*	\$700	n/a	]	Scholar Athlete Awards – trophies, plaques, certificates
Travel	n/a	n/a		
Facility Rental/Fees	n/a	n/a	İ	
Marketing	n/a	n/a	!	
Printing	\$6500	n/a		Academic Mentoring Program Booklets
Other	\$3550	n/a	-	Refreshments – food, drinks, paper plates/utensils, napkins
TOTALS				TOTAL BUDGET: \$27,350

	paper plates/utensils, napkins
TOTALS	TOTAL BUDGET: S27,350
* Equipment purchased over \$500 may become the proper	ty of the City of Hallandale Beach.
The intent of funding is to provide direct services to residen	its; therefore Administrative Cost
should be kept to a minimum. Please provide the amount of	r the percentage of Administrative
Cost for this budget 11%	
CERTIFICATION	
I certify that the information contained in the Application,	including Budget and Attachments
(supporting materials) are true and correct to the best of m	y knowledge.
1 the	05-09-11
Signature of Authorized Representative	Date
Fresident, Director of Educat	ron



In reply refer to: 0248404892 Oct. 04, 2010 LTR 41680 E0 45-1118283 000000 00

00015578

BODC: TE

KEEPING DREAMS ALIVE FOUNDATION INC & BENJAMIN V HANKS 400 NW 16TH AVE POMPAND BEACH FL 33069-2810



59025

Employer Identification Number: 65-1118283

Person to Contact: Jeff Seibert
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Sep. 23, 2010, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in October 2004.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(2).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Michele M. Sullivas

Michele M. Sullivan, Oper. Mgr. Accounts Management Operations [



#### KDA Board Members, Titles, and phone number / email:

#### **Executive Directors**

Patrick Lowe, Founder / Director of Education = 954-258-4117 = plowe a kdafoundation.org Glenn Stoutt, Director of Operations = 954-9313209 = glenn/a kdafoundation.org Cylk Cozart, Director of Entertainment / Education = cylk/a/kdafoundation.org

#### Directors

Eric Hickson, Director of Athletics - 954-895-2952 - chickson a kdafoundation.org

Carlo Frederick, Director of Sales & Marketing - 561-306-1595 - carlo a kdafoundation.org

#### Contact person and phone number for project:

Patrick Lowe, Founder / Director of Education – 954-258-4117 – plower kdafoundation.org Glenn Stoutt, Director of Operations – 954-9313209 – glenn@kdafoundation.org

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#### Detail by Entity Name

#### Florida Non Profit Corporation

KEEPING DREAMS ALIVE FOUNDATION, INC

#### Filing Information

Document Number N01000004699

FEI/EIN Number 651118283

Date Filed 07/05/2001

State FL

Status ACTIVE

Last Event REINSTATEMENT

**Eyent Date Filed** 12/30/2008

**Event Effective Date NONE** 

#### Principal Address

3160 NW 114 LANE CORAL SPRINGS FL 33065 US

Changed 04/30/2011

#### Mailing Address

3160 NW 114 LANE CORAL SPRINGS FL 33065 US

Changed 04/30/2011

#### Registered Agent Name & Address

STOUTT, GLENN III 3160 NW 114 LANE CORAL SPRINGS FL 33065 US

Name Changed 04/30/2011

Address Changed 04/30/2011

#### Officer/Director Detail

#### Name & Address

Title PO

LOWE, PATRICK 400 NW 16TH AVE POMPANO BEACH FL 33069 US Title D

STOUTT, GLENN 3160 NW 114 LANE CORAL SPRINGS FL 33065 US

Title D

COZART, CYLK 3160 NW 114 LANE CORAL SPRINGS FL 33065

#### **Annual Reports**

#### Report Year Filed Date

 2009
 07/08/2009

 2010
 05/05/2010

 2011
 04/30/2011

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### Information copy. Do not send to IRS.

Form **990-N** 

Department of the Treasury Internal Revenue Service

#### **Electronic Notice (e-Postcard)**

for Tax-Exempt Organizations not Required To File Form 990 or 990-EZ

OMB No 1545-2085

2010

A For the 2010 calendar year, or tax year beginning 1/1/2010, and ending 12/31/2010

B Check if applicable  Terminated, Out of	C Name of organization: <u>KEEPING DREAMS ALIVE FOUNDATION INC</u> d/b/a	D Employer Identification
Business		Number
Gross receipts are normally \$50,000 or less	% Genn Stoutt 3160 NW 114TH LN CORAL SPRINGS, FL, US, 33065	65-1118283
E Website	F Name of Principal Officer. Glenn Stoutt	
	3160 NW 114TH LN CORAL SPRINGS, FL, US, 33065	

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in Code section 6104.

The time needed to complete and file this form and related schedules will vary depending on individual circumstances. The estimated average times is 15 minutes.

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#### THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

LANIER JAMENT DUCATION CENTER 1 2006 Brown As Good of Drame Face

Kelvin P. Cec, Principal Thomas C. Cott, C. G. D. Assistant concepal (15) Northwest T. Court Unfoundate Bench. Horsda 35(19) Caleptione (754) 321-7330 Licsande (754) 321-7301 SCHOOL BOARD

TAMES I COLLIE COLLEGE 
To Whom It May Concern:

KDA is an organization that has demonstrated its ability to target and reach at risk youth. As we are well aware, we are living in a society where our youth is struggling to express themselves in positive ways. KDA provides an outlet for students that want to improve their academic, social, and athletic abilities. Unfortunately, many social programs which target youth have been cut due to economic restraints. It would be in our youth's best interest, as well as our community as a whole, to continue to have an organization such as KDA at our youth's disposal.

Respectfully,

Mrs. Synithia Crawford

Reading Coach

To Whom It May Concern:

"Change One Life, Change A Generation", truer words cannot be spoken about the KDA Foundation. As a Behavior Specialist in a disciplinary center, I see on a daily basis what at-risk teens have at stake. It is so difficult living in times when violence, drugs, gang involvement, bullying and peer pressure are a day to day experience. KDA targets our young teens through tutorial programs, counseling services, sports training camps and most important teaching skills that will impact our children for life.

Without a program like the KDA Foundation our children will not have a chance. As a society, we must continue to fund programs that will allow our "future leaders" of tomorrow a chance to succeed.

Please do not hesitate to contact me if you have any questions, my cell number is 954-699-5139.

Sincerely yours,

Ilene C. Skula

Behavior Specialist, Lanier-James Education Center.

#### THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

1945 N. Harrison alarko iv. Blog 11 \* Sourise, Clorina, 35323 \* TFT 734 324-3600 \* FAX 754-424-3600

#### SOLIH AREA ADMINISTRATION

Cort D. Merbst, Lat D. Area sup-rintendent
Denorm Pavey Aren Director
so ven J. Erichmon. Gen Director
's tortie S. M. (n.) i. Ph. 25. Area Director
custer Alexis, J. D. Cossolat Director Auministration
custer Robillard Ed.D. Assistant Director Auministration
fongum Elimia. Ed.D. Coordinator, Student Services.
'Suren M. Norg, Corribagor, 184.
'Daron M. Norg, Courdinator, 184.

CONTRACTOR OF STREET

May 13, 2011

Dear Grant Reviewer.

This correspondence comes as a letter of support for Patrick Lowe and the work that he does through his Keeping Dreams Alive Youndation. I have had the privilege of knowing Mr. Lowe for the past 19 years. Within this time he as thoroughly impressed me with his steadfast devotion to investing in today's youth with hope of their achieving a better tomorrow.

I met Mr. Lowe during my first year of teaching. He was student in one of my high school English classes. I always knew that he would go on to do great things. I am especially proud of his obedience in heeding my advice regarding his obligation to give back to others. Moreover, I commend him for using his gifts and talents to invest in young people and assisting them in achieving success on their terms

I have personally witnessed the work of the Keeping Dreams Alive Foundation. My son, a high school junior, has benefited from the education and services offered through this organization. They provide him and countless other youngsters with a positive avenue to grow and develop. He has learned to respect the ideal of teamwork, the value of a strong work ethic, and need to have respect for himself and others. Through the Keeping Dreams Alive Foundation, children find a safe place to be a kid, an alternative to participating in undesirable behaviors and activities, and hope for a brighter tomorrow.

As an educator and citizen, I am thankful for and am in full support of any organization that recognizes and supports children in their endeavors to do the right thing. Therefore, I request that you seriously consider the grant application submitted by the Keeping Dreams Alive Foundation. I may be reached at 954-415-2609 for additional comments

South Area Director

Educating Vaday's Students for Comorrow's World Broward County Public Schools Is An Equal Opportunity Equal Access Employer

#### NAME OF YOUR ORGANIZATION

#### MEMORANDUM OF UNDERSTANDING

#### **SAMPLE**

This Memorandum of Understanding (MOU) is established	
partnership between Your organization and pa	
(service or program name) to	who reside in the city of Hallandale
(service or program name) to Beach, Florida. Academic Menoding	
Both parties agree to work cooperatively to support and	enhance services that will be provided to
the community. Both parties acknowledge its responsib	pility to the following:
Keeping Deams Alive 1	Foundation
The Your Organization Name shall: (EXAMPLE)	
<ul> <li>Assign a Agency Liaison to coordinate service</li> </ul>	s and activities
Share information concerning the clients that	
Provide opportunities for staff collaboration :	
Provide adequate space for service provision:	•
Participate in periodic evaluations regarding:	
articipate in periodic evaruations regarding	the services conducted
The <u>Partner Organization Name</u> shall: (EXAMPLE)	
<ul> <li>Assign a Liaison to coordinate services and ac</li> </ul>	ctivities.
<ul> <li>Accept referrals according to program guidel</li> </ul>	
Ensure the confidentiality of client records are	
<ul> <li>Maintain data and share information as requ</li> </ul>	
<ul> <li>Attend meetings required by the partnership</li> </ul>	
Share information concerning clients referred	
<b>J</b>	
Both parties agree that this Memorandum of Understan	nding shall be in affect upon signing of bot
parties and can be terminated by either party at any tim	
notice in writing.	
The signature(s) below acknowledges the agreement w	ith this Memorandum of Understanding
Pol 1 (2000)	
Print Name 107F1CF CODE	1 +1021
Title resident, Director of Fauce	
$+VH = 1 \circ$	76 79 -11
	Date
Signature Authorized Organization Representative	Date
Print Name	
Q Title	
ran Lag	
Signature Authorized Partnership Representative	 Date
•	OF LIANDS RETAINING AS A A A POLICY CO.
C:\Documents and Settings\mcolliee\My Documents\MEMORANDUM (	OF UNDERSTANDING (SAMPLE).doc

#### PATRICK L. LOWE 400 NW 16th Ave Pompano Beach, FL 33069 (954) 258-4117

Move a Chalmindation.org

POSITION TITLE:

To obtain a position where I can utilize my education & experiences

**EDUCATION:** 

The Union Institute & Lineversity, North Miami, FL, July 2003

Masters in Educational Leadership (All Levels)

Middle Grades Mathematics Certification (5-9)

University of Florida, Gainesville, FL, May 1998 Buchelor of Arts in Business Administration

EXPERIENCE:

July 2008-Present Piper High School - Assistant Principal

9th-10th Grade Administrator

Attendance · Math Dept/ APEX Credit Recovery Program
Title I · Guidance & Counseling / Safety & Health Services

School-Wide Projects / College & Career Dev / Tutoring Programs

March 2007-July 2008 Sept 2006-June 2008 ClubZ In-Home Tutoring Services (District Coordinator)

Lanier-James Education Center

Behavioral Specialist / Student Services Awareness Assembly Coordinator

Miami Dolphins Student of the Week Coordinator

Math Department Head (FCAT Curriculum/Staff Dev. Coordinator)

BTU Stewart / After School Tutoring Coordinator

Male-Box Mentor Program Coordinator

Administrative Assistant (Case Worker/Facilities/Leadership Team)

Athletic Director Assistant / Coach

Sept 2005-June 2006

High School & Middle Math Department Head (Grades 6-12)

Math Teacher (Intensive Math, Algebra, Geometry)

Administrative Assistant Guidance Counselor Assistant Career Day Coordinator

Sept 2002-June 2005

Northeast High School

Math Teacher (Geometry, Algebra, SAT Prep)

Lucent Learning Coach

Action Research Participant (Staying on Track Project)

Varsity Football Coach (Discipline Coordinator)

Broward County LEAD Program SACS Committee (Vice Chairman)

Math Department Coach

Sept 2001-June 2002 Algebra 1 (9th-12th)

Geometry (10th-12th)

Sports Training Instructor (SAT Prep. Off Season Training)

Varsity Football Coach

Sept. 1998-June 2001 South Plantation High School

Math Teacher (Algebra, Geometry, Intensive Math)

Critical Thinking Instructor ESE Department Assistant -Auto Detail Program

-Physical Education Instructor

-Class Scheduling

JV Football Assistant Head Coach

#### **ACTIVITIES AND HONORS:**

2007-Present	Keeping Dreams Alive Foundation President (non-profit organization)
2007-2005	S.M.A.R.T. CAMPS Director (Sports Training/Academic Camps)
2007-2006	Miami Dolphins Student of the Week Coordinator (Broward Schools)
Summer 2006	Athletes Edge, Inc. (Youth Counselor / Strength & Conditioning Coach)
2004-2007	Keeping Dreams Alive Foundation CEO (non-profit organization)
2003-2004	Teacher of the Venr (Northaust High)

Teacher of the Year (Northeast High)

Summer 2003 Most Valuable Counselor @ Overtown Youth Center

2002-2003 Collaborative Action Research Award (Broward County Schools)

Teacher of the Month (November) Technology Award @ Northeast

Varsity Football Coach (Northeast High)

1999-2002 City of Ft. Lauderdale Parks and Recreation (Mentor Coach)

1999-2001 FCAT Proctor Award

1998-1999 JV Football Championship Runner-Up (South Plantation)

1998-2001 Varsity Football Coach (South Plantation)
1993-1996 University of Florida Football Letterman

SEC Championship (1994-1996) National Championship (1996)

#### **VOLUNTEER EXPERIENCE:**

July 2009 Miami Hurricanes Youth Football Camps (Broward Parks & Recreation)

June 2009
Quinn Gray's Legend Football Camp - Camp Director
April 2008
National Athletes Training Systems (N.A.T.S.) Combine
Summer 2007
Keeping Dreams Alive Foundation Youth Camps
NE Rebels All Star Football Cheerleading Camp
Spring 2007
Dwayne Starks Football Camp (Oakland Raiders)
Summer 2006
Dwayne Starks Football Camp (Baltimore Ravens)

Summer 2005 XPE Sports Training Assistant (For High School Student Athletes)

Dec 2001-2010 Hilmont Gardens Christmas Dinner (Retirement Center)

Summer 2003 Alonzo Morning's Overtown Youth Center

October 2002 United Way (Day of Caring)

November 2002-2007 Guest Speaker @ The Union Institute & University

April 2002 Guest Speaker @ Nova Southeastern University

Summer 2000 YMCA Mentor (Middle & High School Students)

Summer 1999 Ft. Lauderdale Parks & Recreation (David Deal Playday)

Fall 1995 Goodwill Gators-Big Brothers Big Sisters

#### REFERENCES AVAILABLE UPON REQUEST

#### WRITTEN ON ORGANIZATION LETTERHEAD

## STATEMENT OF INDEMNIFICATION AND WAIVER OF LIABILTY (SAMPLE)

To the City of Hallandale Beach: In consideration of the grant funds awarded to RECING TROMS HILD TO MORAL Atorganization) named in this Waiver form for this program, the undersigned organization hereby knowingly, freely and voluntarily RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE THE CITY OF HALLANDALE BEACH, its officers, agents,	
employees and volunteers from any and all liability or claims which may be sustained by clients	
or employees directly or indirectly in connection with or arising out of participation in this	
program/project, whether caused in whole or in part by the negligence of the Kerrya Lexans Alive Fair disconstruction or otherwise.	
The undersigned, on behalf of the fing Dieans Alive Foundation), shall indemnify and	
save harmless the City of Hallandale Beach from and against all judgments, orders, decrees,	
attorney's fees, cost expense and liabilities arising from or out of such claim, investigation or	
defense thereof which may be entered, incurred or assessed against the City of Hallandale Beach as a result of the foregoing	
peach as a result of the interolik	
I, THE UNDERSIGNED, HAVE READ THIS DOCUMENT, FULLY UNDERSTAND ITS TERMS AND UNDERSTAND THAT ON BEHALF OF KERLING THOUSE (ORGANIZATION) DESCRIBED HEREIN, FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ANY AND ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IN ANY PORTION OF THIS DOCUMENT	
IS HELD TO BE INVALID THE BALANCE NOTWITHSTANDING, SHALL CONTINUE IN FULL LEGAL FORCE AND EFFECT.	
Print Name Latrick Lowe Title Fresident Director of Educa	atir
Signature Authorized Representative Date	

## GRANT APPLICATION COVER PAGE

Organization Name First Call for Help of Broward, Inc. dba 2-1-1 Broward
Mailing Address 3217 NW 10 <sup>th</sup> Terrace, Suite 307
City/State/Zip Code Fort Lauderdale, FL 33309
Phone (954) 390-0493 Fax (954) 390-0499 E-mail ssmith@211-broward org
1 ax (934) 390-0499 E-man ssmitt@211-bloward old
Name of Contact Person Sheila J. Smith Title President/CEO
Organization Information  Is the organization incorporated? Yes X No □ FEIN#65-0589294
Does the organization have 501c(3) Tax Exemption Status? Yes X No □
If no, have you applied? Yes  No I If yes, provide a copy with your application.
If no, provide the name of the Fiscal Sponsor
Total # of Board Members 18 # of Staff 43 # of Volunteers 7
Does your organization carry Liability Insurance? Yes X No 🗆 Amount \$3,000,000
Proposal Information
r roposar information
Program/Project Name 2-1-1 Helplines
Priority Area Addressed Education, Health, Wellness Age group All # to be served 2000
Annual Budget \$1,680,000 Amount of Request \$ 10,000 Total Project Cost \$1,680,000
Source of Current Funding Government, Foundations, Private Donations
Has your organization received funding from the City before? Yes X. No □ (General fur
If yes, Amount Funded \$1000 Year 09/10 # of Residents Served 2,124
Have you attended the city's Capacity Building Workshops conducted by Mr. Non Profi Yes □ No.2
Give a brief summary of the Previous Project Funded. General support for 2-1-1 Brown helplines
100
Authorized Signature of Organization Representative

#### **GRANT APPLICATION**

#### 1. ORGANIZATION BACKGROUND INFORMATION (no more than 1 page)

- Give an overview of the Agency Mission, history and current programs/services. First Call for Help of Broward, Inc. (2-1-1 Broward) was established in 1995 and is an IRS-registered 501(c)(3) organization. 2-1-1 Broward is nationally accredited by AIRS (Alliance of Information & Referral Systems), state certified by FLAIRS (Florida Association of Information & Referral Services), and licensed as a Substance Abuse Prevention Level 1 provider by the Florida Department of Children & Families.
- 2-1-! Broward is the <u>only</u> agency in Broward providing 24-hour crisis intervention, suicide prevention, listening support, information and referral, and disaster-related information. 2-1-1 is the gateway that connects residents who need help with programs and services that can help them. 2-1-1 Broward serves a unique role in the community as the entry point for residents to gain access to a full array of over 4,000 health and human service programs. All calls to 2-1-1 Broward are anonymous, confidential, and free of charge. Callers to 2-1-1 reach a caring, multilingual counselor who will listen, help clarify needs, identify action steps, and connect callers to appropriate services and supports. When needed, a translation service is used to communicate in the preferred language of the caller. In the event of life-threatening calls, counselors de-escalate the situation and, if necessary, involve outside interventions such as 911. In addition to the general 2-1-1 Helpline, specialized helplines assist teens, caregivers of children with special needs, seniors, homeless, and children with substance abuse or mental health concerns, including the following:

  Homeless Helpline Connects individuals and families who are homeless or at risk of homeless with shelter and supportive services.

homelessness with shelter and supportive services.

<u>Touchline</u> – Daily calls to seniors living alone to ensure their health and safety.

Special Needs Hotline – Assistance to parents and caregivers of children with physical of the control of the

Special Needs Hotline - Assistance to parents and caregivers of children with physical or developmental disabilities.

Behavioral Health INFOline – Helps families obtain support, services and treatment for children with substance abuse and/or mental health concerns.

<u>TeenSpace211</u> – Interactive website for teens to obtain information and support for issues that concern them, such as bullying, relationships, family problems, peer pressure, health, etc.

<u>Homeless Prevention & Rapid Rehousing Program</u> – Eligibility screening to connect families affected by today's economy with rent/mortgage assistance.

<u>Hurricane/Disaster</u> - Upon activation of the Broward County Emergency Operations Center (EOC) for a hurricane or other emergency, 2-1-1 Broward transfers its phone lines and stations it counselors at the EOC, working with staff from the Broward County call center to provide crisis counseling, resource information, and disaster-related information to callers.

<u>Emergency Financial Assistance Clearinghouse</u> – 2-1-1 Broward maintains a listing of families who receive rent assistance through the federal EFSP program; Agencies call 2-1-1 to verify client eligibility before providing rent funds, thereby preventing duplication of assistance.

<u>Information Services</u> – Online searchable database of resources; Need/unmet need reports to assist government, funders and others with community planning.

#### 2. DESCRIPTION OF PROGRAM/PROJECT (no more than 2 pages)

- Give a general overview of the Program/Project.
- Provide a description of the Issue or Need for your Program/Project?
- How will your services address the City's Priority Area you selected?
- Who will be served and number to be served?
- · Number of Hallandale Beach residents that you will serve.
- · How will your services benefit participants?
- Will there be a Fee for services?
- Will you provide scholarships or waivers?
- · How will the community benefit?
- Other agencies or organizations involved in the project?

This project will provide 2-1-1 helpline services to the residents of Hallandale Beach. 2-1-1 Broward provides a critical safety net for individuals, children and families in Broward County and Hallandale Beach. Any time of the day or night, anyone experiencing a mental health crisis or personal problem can connect directly with a degreed, trained, multi-lingual counselor. When responding to a call, our counselors use active listening skills to offer callers a safe environment to discuss their personal problems or concerns. Unlike many social service programs, callers are able to remain anonymous while still receiving the help they need. There are no barriers to accessing or receiving service. Services are 24 hours and are offered in every language. There are no transportation issues. There is no cost and no eligibility criteria. All callers are helped to clarify their problems, identify their immediate needs, and consider appropriate problem-solving options and alternatives. Counselors then offer the available community resources, programs, and support services that will best meet the unique needs of the caller and his her family members. A call to 2-1-1 and early intervention often prevents a situation from escalating into something far more serious. In the event of life-threatening calls (such as suicide or homicide), Helpline counselors use proven empathetic listening and crisis intervention techniques to de-escalate the situation and involve outside interventions as needed (such as police or emergency rescue).

There is significant need for a service like 2-1-1. Every hour of every day, someone in Hallandale Beach needs help. Families have lost their income, cannot pay their rent, mortgage or utility bills, and don't have enough food to feed their families. Children face violence and bullying. Families don't know how to effectively help children with substance abuse or mental health issues. Seniors are disabled and unable to get to doctor appointments. Babies are born with special needs. Families lack health insurance and don't know where to take a sick child for care. Record numbers of residents are unemployed and need retraining and jobs. In all of these instances, programs are available to help. In fact, more than 4,000 programs are available across Broward County. Without 2-1-1 as a gateway, it is nearly impossible for someone on their own to identify the particular agencies/programs that are uniquely able to provide the assistance they need and for which they are eligible.

In FY 2009/10, 2-1-1 Broward received 125,656 calls, provided 176,695 referrals, and provided 192,727 other services (i.e. follow-ups, Touchline calls, Teen Tapes calls, web resources searches, advocacy). More than half of all calls to 2-1-1 are from callers seeking help for basic needs (food, shelter, rent/utility assistance). Many callers today are middle class families who have fallen into poverty due to job loss and are now facing loss of their homes. Similar trends have affected residents of Hallandale Beach. During 2009/10, 2-1-1 Broward received 2,124 calls from

Hallandale Beach residents. Those callers expressed 2,938 needs and were provided with 3,622 referrals. 61% of Hallandale Beach callers requested basic needs assistance, and the top five basic needs requests, in order, were (1) Rent/Mortgage, (2) Food, (3) FPL/Utilities, (4) Housing, and (5) Shelter. The top five needs of all Hallandale Beach callers were (1) Basic Needs, (2) Government/Community Services, (3) Health, (4) Emotional/Mental Health/Children's Mental Health, and (5) Special Needs. 2-1-1 Broward managed 7 suicide-related calls from Hallandale Beach.

educates and informs consumers about available services and assists them to navigate complex and confusing application processes and systems of care. Callers in need of educational programs are connected with a variety of academic and vocational programs, such as GED, technical/trade schools, job training/retraining programs, college programs, and on-the-job training programs. Through a partnership with Memorial Healthcare System, 2-1-1 screens Hallandale Beach callers and connects those without health insurance with Memorial's outreach workers for enrollment into subsidized health care programs. Callers are linked to a variety of free health and wellness programs in the community, such as dental/health clinics, mental health and substance abuse counseling and treatment, HIV/AIDS services, community health screenings, and a host of others. The Teenspace211 website provides health-related information targeted to youth and teens, such as STD's, emotional health, substance abuse, etc.

2-1-1 is a service available to all residents of Broward County. It is expected that 110,000 residents will be served. Of those, 2,000 or more will be residents of Hallandale Beach. There is no fee for services.

Participants benefit because they have a 3-digit number they can call 24 hours per day to quickly identify the programs that can help them with their unique and immediate needs. They can talk with someone who is concerned and knowledgeable and who can help them develop a plan of action. The service eliminates frustration, saves time, prevents a crisis from tuming into something worse, is focused on problem solving, and builds confidence on the part of the individual to resolve the problem. For government, 2-1-1 is a useful resource to provide to constituents. Government workers don't have to spend time searching for resources on behalf of a resident. For agencies, 2-1-1 provides a screening service. Only those individuals who are appropriate and eligible for an agency's services are referred. Agency staff can focus on those they are able to help and be assured that those who are not eligible have been referred to an appropriate resource. For the community at large, 2-1-1 offers a way for anyone to reach out for help at the moment they need it or at a time that's convenient for them, even if that time is 2:00 in the moming or on a weekend. Oftentimes, people need a safe place where they can vent and discuss problems honestly and openly. Only then are they able to explore resources, develop a plan of action, and take steps to solve the problem.

2-1-1 Broward partners with more than 700 agencies. These agencies together provide over 4,000 programs and services which are included in the 2-1-1 resource database. Program information is updated annually, and updates are required of any agencies receiving funding from United Way, Broward County, Children's Services Council, and other key funders. In addition, we partner with many organizations to use the 2-1-1 phone number as the contact point for information about community initiatives. Examples include Children's Services Council (EITC and Summer Safety) and Broward Sheriff's Office (Operation Medicine Cabinet and Child Abuse Prevention). BSO deputies carry 2-1-1 cards with them and encourage people in need to call 2-1-1 as they respond to community incidents. 2-1-1 staff participate in numerous community fairs and events sponsored by cities and organizations, setting up tables to distribute 2-1-1 information to the community at large.

#### **GRANT APPLICATION**

## 3. METHOD OR STRATEGY FOR IMPLEMENTATION (no more than 1 page)

- Describe the specific activities to achieve Goals and Objectives.
- Who will be responsible for the overall project?
- · What staff will be involved?
- Include potential partners or collaborations
- What is the time frame for implementing the project?
- · Provide the locations of where you will provide services.
- Days and hours of operations.

Helpline Counselors are required to have a minimum Bachelor's Degree, undergo 80 hours of initial training, and participate in ongoing monthly trainings to retain employment. Through regular analysis of call volume, managers schedule and adjust staffing to ensure that an appropriate number of counselors are available during times of peak, low, or fluctuating call volume. Trained per diem staff are on call to cover for an absence or turnover of a counselor. Information Services staff work daily to add and update programs in the database and ensure that information is accurate and current. Sheila Smith, President/CEO, is responsible for overall operations. Frank Isaza, Program Director is responsible for Helpline services, quality assurance, and training. Three managers report directly to him, including Betty Kukin (Helpline Manager), Billie Morgan (Special Needs/Behavioral Health Manager), and Stanley Stubbs (Homeless Helpline Manager). Steve Strickland, IS Director, is responsible for IT and database services, and Louisa Morris, Director of HR & Administration, is responsible for HR, bookkeeping, and general office operations.

As mentioned previously, 2-1-1 is the gateway for residents to connect with a collaboration of 700 health and human service agencies and 4,000 different programs. Through ongoing communication and updates no less than annually, we work closely with these agencies to ensure that our database of program information is always current, accurate and up-to-date. 2-1-1 partners with the Emergency Operations Center to ensure that its services remain operational during a hurricane or disaster. 2-1-1 staff participate on 40 different community planning groups to ensure that our need and unmet need data is part of planning efforts and to be an active partner in new community initiatives.

There is no implementation required, and services will be delivered from the first through the last day of the contract period. Since 2-1-1 Broward is a call center, anyone can access services simply by dialing 2-1-1 from any cell or land phone. The resource database is also available online for anyone who would like to search for resources using that method. 2-1-1 operates 24 hours per day, 7 days per week, including holidays.

### 4. EVALUATION (no more than 1 page)

- How will you address the issues/s, make improvements or achieve success?
- What methods will you utilize to measure success or benefits (i.e. attendance, surveys, pre-post test, etc)?
- How often will you evaluate your services?
- 2-1-1 Broward ensures that services are delivered in an effective, efficient and user-friendly manner by utilizing a variety of quality assurance and quality improvement techniques. All results are reviewed by management, and changes are made to operations and/or service delivery as indicated. Reports are also prepared for use in community planning, especially to identify emerging or changing needs or unmet needs. Staff competence is continuously developed and assessed through training, direct observation, supervision, and performance evaluations. Program delivery is measured through outcome indicators that are specific, observable, and measurable. Utilization Review (UR), based on statistical reports, reports from the public and community providers, and direct observation, is conducted at least once per month and includes the following components:
  - a. <u>Caller Reports</u> monthly caller reports are generated to identify the total number of calls received to the helpline and the nature of each call (i.e. demographics, needs, referrals, unmet needs, other services rendered, etc.).
  - b. <u>Call Management</u> this process is used to review and monitor the services being provided for clinical issues and unmet needs. This review examines specific client cases as presented by direct service staff as well as overall trends in the needs of clients and staff response.
  - c. <u>Quarterly Service Gaps Report</u> this report is generated from data obtained from the caller records database. Any service gaps perceived by direct service providers are presented at call management meetings for discussion. Summary reports are prepared for the community and key funders to assist in planning.
  - d. <u>Consumer Satisfaction Surveys</u> surveys are used to periodically review referrals to other agencies or related service organizations as well as overall service delivery. Follow-up calls are made to a sample of approximately 5% of total clients served annually. Visitors to the online database are also invited to complete an online satisfaction survey. All CSS is reviewed by the Program Director for any overt problems in service delivery. Those identified are discussed with the appropriate parties, and any actions taken, and resolutions determined are noted in the UR report.
  - e. <u>Referral Agency Surveys</u> surveys are distributed to determine the number and percent of community agencies that report an increase in new participants who came to their agency as a result of a call to 2-1-1, the number and percent of community agencies that indicate these linkages are appropriate, and overall agency satisfaction with the quality of 2-1-1 services.
  - f. <u>Phone Line Analysis Report</u> a traffic study report is requested quarterly from the telephone company and reviewed by a designated staff member regarding the traffic flow on the various Helplines (i.e., number of times callers encountered a busy signal while trying to access service, recommended number of lines for peak periods of usage, etc.).
  - g. <u>Automated Call Distribution (ACD) Metrics</u> reports are generated monthly showing the times with peak call volume, average length of caller contact, average number of seconds for initial response time, length of hold time, number of calls dropped, etc.
  - h. <u>Community Outreach Reports</u>- spreadsheets are used to track community outreach efforts, and requests for printed materials are reviewed weekly to ensure timely response.
  - i. <u>Direct Observation</u> program managers provide daily supervision and direct feedback regarding service delivery as related to program objectives.

# CITY OF HALLANDALE BEACH FY 2012 COMMUNITY BASED ORGANIZATIONS GRANT FUNDING

#### **GRANT APPLICATION**

#### 5. SUSTAINABILITY (no more than 1 page)

- If you receive 50% of the amount requested how will you operate services?
- If you do not receive funding, will you still operate services?
- What other Funding Sources have you submitted requests for this program/project?
- Have you been funded or received a commitment letter?
- What is your organization's Sustainability Plan for the next three years?

Identifying operational funds is an ongoing struggle for 2-1-1 Broward. Unlike 9-1-1, there is no designated federal or state revenue to support the service, and all funds must be raised locally. Measures have been taken to reduce administrative and operational expenses to minimal levels wherever possible, and we have significantly reduced our costs for space, insurance, and supplies. Because our accreditation requires us to operate around the clock, our remaining staffing and operational expenses are fixed and cannot be further reduced. Any funding award from Hallandale Beach will assist 2-1-1 to continue to be available to Hallandale Beach residents and to ensure that every call is answered. The value of 2-1-1 has become increasingly appreciated during this difficult economic environment. We are being asked to do more, without additional funding, as agencies and government can do less. Support from each municipality in Broward County is essential to our ability to operate and to serve the residents of each community.

2-1-1 applies for funding on an ongoing, year-around basis. The largest portion of our core funding comes from the Children's Services Council of Broward County, Florida Department of Children & Families, United Way, and Broward County. Currently, we have funding commitments from Davie, Broward Sheriff's Office/LETF, Wachovia Foundation, Coral Springs, Fort Lauderdale, BRAIVE Foundation, School Board, Hollywood, Lauderhill, and Oakland Park. Applications have been submitted to the following and are pending: Lauderdale Lakes, Unicom Foundation, Broward County/CDBG, Sun Sentinel Children's Fund, and Pompano Beach. Additional requests were submitted and denied, and others will be submitted throughout the coming year.

The Board of Directors of 2-1-1 Broward is actively engaged in fund raising, and our sustainability plan for the next five years involves a number of priorities: (1) Grants development, particularly federal funding and building 2-1-1's front-end services into the applications of other community programs; (2) Private support, through corporate sponsorship opportunities and Club 211, (3) Special events, including our new signature BankAtlantic NonProfit Academy Awards luncheon; (4) Exploration of possible related businesses and social entrepreneurship opportunities which could generate unrestricted revenue to support 2-1-1; and (5) Regional and statewide opportunities in coordination with other 2-1-1 organizations. To accomplish these goals, the Board has been strategically structured to include individuals with needed skills, high visibility, and community connections. Fund raising calls are held bi-weekly to keep everyone focused and on track, and Board members actively participate in and provide leadership for all development initiatives.

# CITY OF HALLANDALE BEACH FY 2012 COMMUNITY BASED ORGANIZATIONS GRANT FUNDING

#### **GRANT APPLICATION**

6. BUDGET INFORMATION Please fill in information as requested.									
PROPOSED	PROPOSED PROJECT NAME: 2-1-1 Helplines								
TROTOSED	INOJECTI	VAIVIE: 2-1-1 Help	nues						
ITEM	GRANT REQUEST	OTHER GRANT FUNDS	INKIND	JUSTIFICATION					
Personnel Cost	7,677	1,164,540		25% of 1 FTE Counselor Salary & Benefits @ \$30,706					
Consultants		40,000							
Supplies	323	17,677		General supplies					
Equipment*		7,000							
Travel	-	9,000							
Facility Rental/Fees		97,000							
Marketing									
Printing		8,000							
Other (specify)	2,000	326,783		Telephone and interpreter services					
TOTALS	10,000	1,670,000		TOTAL BUDGET: 1,680,000					
* Equipment p	urchased over	\$500 may become	the property	of the City of Hallandale Beach.					
Coavo o ប្រុក្សបា មាលព្រៃមក-ក្រុមប្រែ សារៈប្រកស្នាល	សុខក្មេក ហ ប្រសាធារីក្រុម ហេដូ លោកទិស្សសុស	Merchonical Recenonicalit	្រាហ្វេលប្រាស់ទ នាមានប្រាស់	enlioratorestandinimistratoria. Desparantegraficadantistas e					
PARK TANK THE PARK TH	TAR PARTIES	CERTIFICA	TION						
•		-	•	cluding Budget and Attachments					
	terials) are tru	e and correct to the	e best of my	knowledge.					
Sheilt	15 mtt			05/06/2011					
Signature of Au	uthorized Repr	esentative	1	Date					
President/CEO									
Title									



In reply refer to: 0248562363 Aug. 08, 2008 LTR 4168C E0 65-0589294 000000 00 000 00015453

BODC: TE

FIRST CALL FOR HELP OF BROWARD INC 3217 NW 10TH TER STE 307 FT LAUDERDALE FL 33309-5939826



021767

Employer Identification Number: 65-0589294
Person to Contact: Ms. Merrill
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of July 30, 2008, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in AUGUST 1995, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Michele M. Sullivan Oren

Michele M. Sullivan, Oper. Mgr. Accounts Management Operations I

# 2-1-1 Broward Board of Directors 2010-2011

Gregory A. Haile Berger Singerman Attorneys at Law 350 East Las Olas Blvd , Ste. 1000 Fort Lauderdale, FL 33301	O: 954-712-5154 F: 954-523-2872 GHaile@bergersingerman.com Asst. Veronica Leon	Chair Term expires; 2012	Executive, Government Relations Finance Committees
Lynne Wines 6700 Yellowstone Lane Parkland, FL 33067	C. 954-683-0052 lynne.wines@gmail.com	Vice-Chair Term expires: 2011	Board Resource Committees
Brett Friedman, CPA Director McGladrey & Pullen, LLP 100 NE Third Ave., Suite 300 Ft. Lauderdale, FL 33301	O: 954-462-6351 F: 954-462-4607 brett.friedman@mcgladrey.com	Secretary/Treasurer Board Member Term expires:2012	Executive, Government Relations, Finance Committees
John A. Benz Senior VP/Chief Strategic Officer Memorial Healthcare System 3501 Johnson Street Hollywood, FL 33021	O: 954-265-3451 F: 954-985-6193 jbenz@mhs.net Assistant. Lily Salgado	Past Chair Term expires:2012	Executive Government Relations Committee
Dr. Henry W. Mack Broward County Public Safety Council 3671 Environ Boulevard, Apt. 465 Lauderhill, FL 33319	H: 954-735-8812 F: 954-733-7674 hmack4@comcast.net	Chair Emeritus Past Chair Term expires:2011	Executive Committee
Sandra E. Bernard-Bastien Director, Public Affairs & Org. Development Children's Services Council 6600 W. Commercial Blvd Lauderhill, FL 33319	O: 954-377-1000 F: 954-377-1683 sbernard@cscbroward org Asst. Monique Finlay	Board Member Term expires:2011	Marketing Committee
Paul Eichner, Esq. Chief Legal Counsel Broward County Health Department 780 SW 24th Street Fort Lauderdale, FL 33315	O: 954-467-4741 Paul_Eichner@doh state.fl.us	Board Member Term expires: 2013	Board Resource Committee
Robert Furman Broward Sheriff's Office 3201 W. Hallandale Beach Blvd. Pembroke Park, FL 33023	O: 954-985-1953 F: 954-964-0249 robert_furman@sheriff.org	Board Member Term expires. 2012	Finance Committee
Gary S. Herman President Consolidated Credit Counseling Services 5701 W. Sunrise Blvd. Font Lauderdale, FL 33313	W. 954-377-9201 F. 954-377-9701 gherman@consolidatedcredit.org	Board Member Term expires: 2012	Government Relations *** Marketing Committees
Kip Hunter-Epstein CEO Kip Hunter Marketing 888 East Las Olas Blvd., Suite 500 Fort Lauderdale, FL 33301	O: 954-765-1329 F: 954-356-7921 kip@kiphuntermarketing.com	Board Member Term expires 2012	Marketing Committee

Jen Klaassens Director of Programs Wasie Foundation 1865 79th Street CSWY #PH-K Miami, FL 33141	C: 786-236-1193	Board Member	Marketing
	jen@wasie org	Term expires: 2011	Committee
Nancy Merolla Area General Manager Bayview Center for Mental Health, Inc. 3501 S. University Drive, #6 Davie, FL 33328	C: 954-888-7999 nmeroila@bayviewcenter.com	Board Member Term expires: 2011	Marketing Committee
Ronnie Oller 6540 Melaleuca Road Southwest Ranches, FL 33330	C: 954-288-2268 partiesbyronnieo@earthlink.net	Board Member Term expires: 2011	Markeling Committee
Paula Pearson Executive Vice President, Retail LOB Mgr. SunTrust Bank, South Florida 515 E. Las Olas Boulevard, 7th Floor Fort Lauderdale, FL 33301	O: 954-765-7121 Paula Pearson@suntrust.com Asst: Kimberly Haskew	Board Member Term expires: 2011	Marketing Committee
Tony Segreto 4351 SW 102 Avenue Davie, FL 33328	C: 954-608-2910 ynkeclpr@gmail.com	Board Member Term expires, 2012	Marketing Committee
Lynn Shatas Area Manager Florida Power & Light Company P.O. Box 8248 CEA/CB Fort Lauderdale, FL 33340	O 954-321-2215	Board Member	Government
	lynn_shatas@fpl.com	Term expires: 2013	Relations
Britt Sikes CEO U.S. Imaging Solutions 2100 SW 71st Terrace Fort Lauderdale, FL 33317	O: 954-861-1231	Board Member	Board
	bsikes@usis.biz	Term expires: 2011	Resource
Stewart J. Webster  Management and Tax Consultant P.O. Box 19588  Plantation, FL 33318	C: 954-732-4000	Board Member	Marketing
	wtamarac@yahoo com	Term expires: 2013	Committee

\*\*\* ALL BOARD MEMBERS ARE PART OF THE FUNDRAISING COMMITTEE\*\*\*

#### 211 BROWARD ADMINISTRATION

Sheila J. Smith, President/CEO President/CEO ssmith@211-broward.org

Laurie J. Sallarulo Chief Strategic & Development Officer Isallarulo@211-broward.org

3217 NW 10<sup>th</sup> Terrace, Suite 307 • Fort Lauderdale, FL 33309 Office: 954-390-0493 • Fax: 954-390-0499

Executive Assistant Christina Mendez-Page, cpage@211-broward.org

# FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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# Detail by FEI/EIN Number

## Florida Non Profit Corporation

FIRST CALL FOR HELP OF BROWARD, INC.

#### Filing Information

Document Number N95000002739

FEI/EIN Number 650589294

Date Filed

06/06/1995

State

FL

Status

ACTIVE

#### Principal Address

3217 NW 10TH TERRACE

**SUITE #307** 

FORT LAUDERDALE FL 33309 US

Changed 09/22/2003

#### Mailing Address

3217 NW 10TH TERRACE

**SUITE #307** 

FORT LAUDERDALE FL 33309 US

Changed 09/22/2003

#### Registered Agent Name & Address

SMITH, SHEILAU

3217 NW 10TH TERRACE

**SUITE 307** 

FORT LAUDERDALE FL 33309 US

Name Changed 10'16/2008

Address Changed: 01/12/2004

#### Officer/Director Detail

#### Name & Address

Title CD

HAILE, GREGORY A 350 E LAS OLAS BLVD FORT LAUDERDALE FL 33301

Title VCD

LYNNE, WINES 6700 YELLOWSTONE LANE PARKLAND FL 33067

## Form 990

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-3047

Cepariment of the freasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public

A	For th	ne 2009 ca	alendar	ear or tax year beginning 07/01		2009. and andi	ng 06/30		, 20 10
8	Check d	appirable	Pisage	Name of organization FIRST CALL				0 Employe	r identification number
	idd:esa	change	LAD IRS	Doing Business As				65-059	2294
_	Name c	-	print or	Number and Street (or P.C. box it mail is not de-	wered a street source	ess) Reamys:	uite	E Telephon	e number
_	nitial re	-	lype. 34e	3217 N.W. 10TH TERRACE	#307		ſ	954~390	0-0493
_	Cermina		Specific Instruc-	City or town, state or country, and ZIP +					V 1.7=
_		ed relum	Hons,	T. LAUDERDALE, FL 3330				G. Gross rece	incis \$ 1,329.438
_		in pending	F Nan	and address of principal officer					x affiliates? Yas No
~			SEE E	GE 7			H(a) IS THE	rous return t	duded? Tyes No
ī	ĭax-exe	empi slatus:		(c) (3 ) ◀ (insert no ) ☐ 4947(a) 1) or	or				st (see instructions)
				orcward.org	, <u> </u>				
				ron ☐ Trust ☐ Association ☐ Other ►	···	L Year of fermal		emption numb	egal domicle. F.orida
	rt I			Trust		L TEAT OF ACTUAL	1995	A State OF	egai dominae. [ 121 1 0
				e organization's mission or most	nignifeant not	initia and and and			/
				e organization's mission or most					
<b>8</b>	J			2009/2010, CALLERS WERE PRO					
Activities & Governance	1			MITH MORE THAN 3.320 HEACTH.					
Ē				-Lingual services are availa					SYEAR BY DIALING 2:
ő	2 (	Check this !	pax ► (	if the organization discontinued its operat	itions or disposed	of more than 25%	of its net assets.		
-45	3 /	Number o	of vetin	members of the governing body	(Part VI, line 1	la)			
<b>8</b>	4 1	Number o	of indep	ndent voting members of the gov	verning body (1	Part VI, line 11	a) . <b>.</b> .	. 4	<u>19</u>
₹	5	Total num	nber of	mployees (Part V, line 2a),				5	53
Acı	6 1	Total num	nber of	olunteers (estimate if necessary)				6	
				ted business revenue from Part V					
				iness taxable income from Form				7b	
							Prior Ye	ar	Current Year
•	8 (	Contributi	ions an	grants (Part VIII, line 1h)					1,310,953
Revenue				evenue (Parl VIII, line 2g)		1			219,970
eve				e (Part VIII, column (A), Imes 3, 4					2,165
œ				art VIII, column (A), lines 5, 6d, 8					
				I lines 8 through 11 (must equal Pa				2	1,533,088
_			$\overline{}$	r amounts paid (Part IX, column (					)
				r for members (Part IX, column (A					·)
25				pensation, employee benefits (Parl					1,361,150
arpenses				aising fees (Part IX, column (A), lin			<del>-</del>		
훒									2, ,
ū		l otal muc	craising	xpenses (Part IX, column (B), line 2	25) <b>&gt;</b>	1.0.27.0.34		<del></del>	253,754
				Part IX, column (A), lines 112-11				0	1,614,304
				dd lines 13-17 (must equal Part)		), line 25)		ci	(81,815)
-	19	Revenue	16 22 EX	enses Subtract line 18 from line 12	<u> </u>	<del>- , ,</del>	Beginning of Cu	$\overline{}$	End of Year
Self of	1						<del></del>		
Perent Perent	20	Total asse	iets (Pa	(X, line 16)	,			7,139	543,609
₹ <u>₽</u>	21 `	Total liab	ulities (l	art X, líne 26)				4.247	212,534
2.7				d balances. Subtract line 21 from	i line 20	<u> </u>	41	2,391	331,075
Pa	rt II		ature				<del></del>		
		Under per	nattres of	enjury, I declare that I have examined this recognect and complete. Declaration of preparation	return, including at parer (other than o	ccompanying sine officer) is based of	idules and statem n all information :	ents and to	the best of my knowledge
		and being			per or years a mark	·····•	1		
Sig	n	<b>\</b>		MICHAEL _				11-17	1-10
He	re	Signa	ature of				Date	<del>)</del>	
			She	IAI. Smith Itres	sident	CEO			
		Type	or print	ime and tille					
_		<del> </del>		/ _	Date		Check if	Preparer's id	entifying number
		Preparer: signature		-A	1		employed >	(ses instructi	ens)
Paid				///	111	15/16	,	P01060	342
Pre	oarer's	Firm's na	me /Ar	WELL CENTRON OF THE TACK	OMTHO C CC	D. LLP	EIN		759944
Use	Only	if self-em	played).	JANOON, NOTHS	OMINO & CO				
	•	address,					, <u>331,£∺foren</u>	o <b>≥</b> 305-	
Ma	y the	IRS discu	uss this	return with the preparer shown ab	bove? (see ins	iructions)	<u> </u>		Yes No

2	art IV Checklist of Required Schedule	S			
				Yes	No
1	1 Is the organization described in section 501(c complete Schedule A	(3) or 4947(a)(1) (other than a private foundation)? If 'Yes	1	<u> </u>	
2		dule B Schedule of Contributors?	2	- X	
3	3 Did the organization engage in direct or indirect candidates for public office? If 'Yes,' complete	t political campaign activities on behalf of or in occosition to	3	_	 <u>                                    </u>
4	Section 501(c)(3) organizations. Did the org	anization engage in lobbying activities? If "Yes," complete	4	 	x
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) org notice and reporting requirement and proxy ta	anizations, is the organization subject to the section 6033/e)	5	N/3	
6	Did the organization maintain any donor advise	ed funds or any similar funds or accounts where donors have r investment of amounts in such funds or accounts? If "Yes,"	6		Х
7	Did the organization receive or hold a conserva the environment, historic land areas, or historic	tion easement, including easements to preserve open space, structures? If "Yes," complete Schedule D, Part II	7	j	X_
8	complete Schedule D. Part III	ks of art, historical freasures, or other similar assets? If "Yes,"	8		Х
9	X; or provide credit counseling, debt manage	K, line 21, serve as a custodian for amounts not listed in Part ement, credit repair, or debt negotiation services? If "Yes,"	9		X
10	Old the organization, directly or through a quasi-endowments? If "Yes," complete Schedi	related organization, hold assets in term, permanent, or use D, Part V	10		х
11	VIII VIII IV as Van annii askin	wing questions "Yes"? If so, complete Schedule D, Parts VI,	11		Х
•	<ul> <li>Did the organization report an amount for land, Schedule D, Part VI.</li> </ul>	buildings, and equipment in PartX, line 10? If "Yes," complete		٠	
•	<ul> <li>Did the organization report an amount for inves of its total assets reported in Part X, line 16? I</li> </ul>	Itments—other securities in Part X, line 12 that is 5% or more f "Yes," complete Schedule D, Part VII.	:		
•	<ul> <li>Did the organization report an amount for inves of its total assets reported in Part X, line 162 I</li> </ul>	tments—program related in PartX, line 13 that is 5% or more f "Yes," complete Schedule D, Part VIII		;	-
•	<ul> <li>Did the organization report an amount for other reported in Part X, line 16? If "Yes," complete</li> </ul>	assets in Part X, line 15 that is 5% or more of its total assets. Schedule D, Part IX.			
•	•	ibilities in Part X, line 25? If "Yes," complete. Schedule D. Part X.		137	- ·
•		incial statements for the tax year include a footnote that addresses instructed in the state of	: •	:	:-
12		audited financial statements for the tax year? If "Yes," complete	12		X
12A	Schedule D, Parts XI, XII, and XIII  A Was the organization included in consolidated, inceper	ndent audited financial statements for the tax year?  Yes No			-
	If "Yes," completing Schedule D, Parts XI, XII, and XIII	is optional			
13	· <b>3</b> · · · · · · · · · · · · · · · · · · ·	1 1 1 1 1	13		<u> </u>
14a			14a		X.
ь		expenses of more than \$10,000 from grantmaking, fundraising the United States? If "Yes," complete Schedule F, Part I	145		<del>  </del>
15		(A), line 3, more than \$5,000 of grants or assistance to any ed States? If "Yes," complete Schedule F, Part II,	15		<u> </u>
16	Did the organization report on Part IX, column ( to individuals located outside the United State	A), line 3, more than \$5,000 of aggregate grants or assistance s? If "Yes," complete Schedule F, Part III	16		X_
17	on Part IX, column (A), lines 6 and 11e? If 'Ye		17		X
18	Part VIII, lines 1c and 8a? If "Yes," complete 5		18		X
19		of gross income from gaming activities on Part VIII, line 9a?	19		X

20 Oid the organization operate one or more hospitals? If Yes, complete Schedule H

20

Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	- Sand Tax Compilation		Yes	No.
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable 13			
b	The result of th	1	ļ	ļ
С	gaming (gambling) winnings to prize winners?	le l	N/	2
	Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax 1.  Statements, filed for the calendar year ending with or within the year covered by this return 2a 53	]	ļ	 
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<u>2</u> b		<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			-
3a		 a	· ·	<u>X</u>
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	ь		X
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	a		<u>x</u>
р	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
5a	The second of the second secon	ia		<u> </u>
þ	and an area party to any are organization to be a was at the a porty to a promoted tax strated that are a party to a promoted tax strated to the area party to a promoted tax strated to the area party to a promoted tax strated to the area party to a promoted tax strated to the area party to a promoted tax strated to the area party to a promoted tax strated to the area party to a promoted tax strated to the area party to a promoted tax strated to the area party to a promoted tax strated to the area party to a promoted tax strated to the area party to a promoted tax strated tax strated to the area party to a promoted tax strategy to the area party to a promoted tax strategy to the area party to a promoted tax strategy to the area party to the	<u>b</u> _		<u> </u>
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	ic		X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	ь		1
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	'a	.	) }
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	'b	_	
С	144-100 10 110 10111 0000 1 1 1 1 1 1 1 1 1	<u>'с</u>		_X
đ	If "Yes," indicate the number of Forms 8282 filed during the year			
		'e		<u> </u>
f g	The state of the s	<u>'1</u> 'g	_	X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	'n		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	[	·- `	· ·
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	8	 N/A	· .
9	Sponsoring organizations maintaining donor advised funds.			
	Bid file organization make any taxable distributions of desired fields.	)a	<u> 374</u>	
	pla the digamization make a distribution to a dollar, dollars devices, as yellow,	₽, 1	N/A	<del></del>
0	Section 501(c)(7) organizations. Enter: Initiation (sees and capital contributions included on Part VIII, line 12			
	Tridation rees and Capital Contributions included ear and vin, and 12.	-		
	Gross receipts, included diff offit 530, 1 art viii, the 12, for paolic 530 of old factories	-	.	
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders	[ ]		į
	Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against	.	-	] -   _
	amounts due or received from them)		-	
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   12b	2a		X

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List ail of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of 'key employee'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than
   \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			(	C)			(0)	(E)	(F)
Name and Title	Average		an (d	(check all that apply)			Reportable	Reportable	Estimated	
	naurs per week	Individual trustee or director	Institutional trustee	Описег	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
SHEILA J. SMITH										
PRESIDENT/CEO	40			L		Х		83,200		
AURIE SALLARULO										
P DEVELOPMENT	40		L-	_	_	X		75,630		
STEPHEN STRICKLAND INFORMATION SERVICE DIFECTOR	40				 	x		59,689		
LOUISA MORRIS								65 574		
DIRECTOR OF HR & ADMIN	40			<u>-</u> -		<u> </u>	<del> </del>	<u>55, €76</u>		
FRANCISCO ISAZA PROGRAM DIRECTOR	40					   X	) L_	55,12C		
	· ·									
		1			 					_
				-					-	
				ĺ						
					   		<b>1</b>			
					Ì					

Par	t VII	Statement of Revenue				
:			(A) Total revenue	(8) Related or exempt function gvenge	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or \$14
Contributions, gitts, grants and other similar amounts	1a b c	Federaled campaigns  Membership dues  Fundraising events  Related organizations  1a  1b  1c  1c			,	
ntributions, d other simi	f	All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a-1f; \$				
0 6	h	Total. Add lines 1a-1f	1,310,953			j
		Business Code	-1,210,933		-	
Program Service Revenue	_					
ě	2a	ENCOMMENT INCOME	10,805			<del></del>
E	þ	SATISTACTION OF TIME RESTRICTION	204,600			
널.	c	OTHER INCOME	4,565			
Se	d					
Ę	l e					
چ	f	All other program service revenue				
ž	la	Total. Add lines 2a–2f	219,970			
	3	Investment income (including dividends, interest, and other similar amounts)	2,165		_	
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
I	6.2	Gross Rents				
		Less: rental expenses Rental income or (loss)				
					•	
	_ a	Net rental income or (loss)	0 !			
	7a	Gross amount from sales of assets other than inventory		:		
	b	Less: cost or other basis and sales expenses			'i	
		Gain or (loss) 0 0 Net gain or (loss)	–			-
Other Revenue	8a	Gross income from fundraising events (not including \$		· *		<b>,</b>
Othe		Less: direct expenses b Net income or (loss) from fundraising events	· .			
		Gross income from garning activities See Part IV, line 19			1 -	
		Less: direct expenses b  Net income or (loss) from gaming activities .	. 0			
	ь	Gross sales of inventory, less returns and allowances a Less: cost of goods sold b Net income or (loss) from sales of inventory	0		-	
		Miscellaneous Revenue Business Code				
	4.5	-				
	11a					
	Ь					
	c			<del>-</del>		<del> </del>
	ď	All other revenue		!		
		Total. Add lines 11a-11d	0			
			1,533,089			
	12	Total Revenue. See instructions	1,000,000	Ц		

P	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	323, 437	1	187, 356
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable net	204,600	3	201, 600
	4	Accounts receivable, nel		4	141, 321
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule I.		5	
Assets	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L.		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		В	
⋖	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or 10a 93,333 other basis. Complete Part VI of Schedule D			
	ь	Less: accumulated depreciation 10b 90, 389	6,937	10c	1,991
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	2,341
	16	Total assets. Add lines 1 through 15 (must equal line 34)	677,138		543,609
	17		89,247		106, 130
	18	Accounts payable and accrued expenses	03,247	18	1000,000
	19	Grants payable	175,000	<del>+</del>	_ 104,968
		Deferred revenue	173,7,00	20	104 <u>/3</u> gs
s	20	Tax-exempt bond flabilities		21	
ţį	21	Escrew or custodial account liability. Complete Part IV of Schedule D			
Liabilities	22	Payables to current and former officers, directors, truslees, key employees, highest compensated employees, and disqualified		22	
-		persons. Complete Part II of Schedule L		23	
	23	Secured mortgages and notes payable to unrelated third parties ,		24	
	24	Unsecured notes and loans payable to unrelated third parties		25	
	25 26	Other liabilities Complete Part X of Schedule D	254 247	_	1 4 3 6
es	20	Total liabilities. Add lines 17 through 25	264,247	28	212.534
Š			208,291	27	126,475
Fund Balances	27	Unrestricted net assets		$\overline{}$	204,600
ED	28	Temporarily restricted net assets	204,600	29	<u> </u>
Ę	29	Permanently restricted net assets	~ <del></del>	23	· · · · · · · · · · · · · · · · · · ·
٥		Organizations that do not follow SFAS 117, check here ➤ ☐ and complete lines 30 through 34.			
ets	30	Capital stock or trust principa, or current funds	<del></del>	30	
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
4	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances		33	331,075
	34	Total liabilities and net assets/fund balances	<u>677,138</u>	34	<u>543,609</u>
					Form 990 (2009

#### SCHEDULE A (Form 990 or 990-EZ)

#### Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

CMB No. 1545 0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FIRST CALL FOR HELP OF BROWAPD, INC.

Employer identification number

65-0589294 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 5. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(lv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) An organization that normally receives: (1) more than 33% % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/2% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported arganizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b 🔲 Type II a 🔲 Type! **c** ☐ Type III–Functionally integrated d ☐ Type III—Other e D By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) f If the organization received a written determination from the IRS that it is a Type 1, Type 11, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? |11g(ir) (ii) A family member of a person described in (i) above? . . . . 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) (v) Did you notify (I) Name of supported (fi) EIN (lii) Type of organization (iv) is the prognization (vi) is the (vii) Amount of organization in col organization (described on lines 1-9 in col (i) (sted in your the organization in support above or IRC section governing document? col (i) of your (i) organized in the (see instructions) support? US? Yes N٥ Yes No Yes

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Farm 990 or 990-EZ

Schedule A (Form 990 or 990-EZ) 2019

D

Total

2	Support Schedule for Orga (Complete only if you checke	nizations D	escribed in	Section 509(	a)(2)		
Se	ction A. Public Support	id the nox o	n line 9 of Pa	π.)			
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	IN Total
1	Gifts grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are mot an unrelated trade or business under section 513	; <del></del>					
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of senaces or facilities furnished by a governmental unit to the organization without charge	L	 				
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons					<u> </u>	
p	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
E	Add lines 7a and 7b				_		
8	Public support (Subtract line 7c from line 6)				海色		
	tion B. Total Support						
C	ilendar year (or fiscal year beginning in) >	(a) 2005	(b) 2006	(c) 2 <u>007</u>	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
Ъ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b					<del>   </del>	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly a carned on					:	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)		7 3		3		
14	First five years. If the Form 990 is for the organization, check this box and stop h	nere	<u> </u>		•		501(c)(3) ▶ □
	tion C. Computation of Public Sup					T	
15	Public support percentage for 2009 (fine					15	
16 Sec	Public support percentage from 2008 Scition D. Computation of Investmen				,	16	٥/6
	Investment income percentage for 2009			thy line 13 c	Nume (A)	17	%
17 18	Investment income percentage for 2009  Investment income percentage from 200				(I)) .	18	<del></del>
19a		inization did n	ot check the bo	x on line 14 a			
b	3311 % support tests—2008. If the arganitine 18 is not more than 331/2%, check this	zation did not	check a box on	line 14 or line	19a, and line 1	6 is more than 3	3 ¼ %, and

#### Schedule B (Form 990, 990-EZ, ar 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

CMB No 1545-0047

2009

Name of the organization Employer identification number FIRST CALL FOR HELP OF BROWARD, INC. 65-0589294 Organization type (check one): Filers of: Section: Form 990 or 990-EZ ∑ 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions General Rule oxtimes For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money crproperty) from any one contributor. Complete Parts I and II. Special Rules L For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33½% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and H For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and W☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more . . . . . . . . . . . . **▶ \$** \_\_\_\_\_ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990. 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule 8 (Form 990, 990-EZ, or 990-PF)

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

<u> </u>	CALL FOR HELP	OF BROWERD,	1NC.	65-0589294
art 1	Contributors (see ins	tructions)		<u> </u>

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	COMMUNITY FOUNDATION OF BROWARD 1401 E. BROWARD BLVD., SUITE 100 FORT LAUDERDALE, FL 33301	\$ 10,865	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
••••		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(¢) Aggregate contributions	(d) Type of contribution
		s	Person Payroll Noncash Complete Part If there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$,	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Schedule O (Form 990) 2009	
Name of the organization	Employer identification number
FIRST CALL FOR HELP OF BROWARD, INC.	65-0589294
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CHILDREN'N SERVICES COUNCIL MEMBERS.

Ana M. Vallodares, Chair Governor Appointed

Emilio Benètez, Vive Chair Governor Appointee

Mariza Cobb, Secretary Governor Appointee

Commissioner Sue N. Gunzburger Immediate Past Chair Broward County Commission

Robin Bartleman
Board Member
Broward Ca. Public Schools

Index Martin & Dishorate
Indicial Member

Nancs I. Merolla Circuit 17 Administrator Dipt of Children & Families

Samuel F. Marrison Governor Appointed

James F. Notter
Superintendent
Brown'd Co. Public Schools

Terry Santine Covernor Appointed

Di Puala Thaqi Director Browned Co. Health Dept

STAFF

Cindy J. Arenberg Seltzer Provident/CEO

LEGAL COUNSEL

John Milledge

Carry Johnson

December 15, 2009

Ms. Sheila J. Smith President/CEO First Call For Help of Broward, Inc. 3217 NW 10<sup>th</sup> Terrace Suite 307 Fort Lauderdale, FL 33309

Dear Ms. Smith.

The Children's Services Council of Broward commends and endorses First Call For Help of Broward in its efforts to seek support through the CDBG program for its 2-1-1 Helpline Services.

211/FCFH, AIRS accredited helpline, is a nationally recognized way to connect families seeking services with the appropriate community-based organizations and government agencies and a cost-effective method of helping people navigate the complex maze of human services, agencies and programs. FCFH's Community Resource Inventory is designed to consolidate service and funding information regarding health, education and human services programs for use in program planning. It contains details on over 650 agencies and 3,000 programs providing health, education and/or human services. In addition, by collecting call information, 211/FCFH helps identify service gaps and shares this information with community leaders.

The Children's Services Council of Broward looks forward to continuing its positive collaboration and affiliation with 2-1-1 First Call For He'p of Broward. We applied First Call For Help's efforts in seeking the necessary funding and support for the maintenance and growth of the 2-1-1 Helpline Services.

Sincerely,

Cindy Arenberg Seltzer, JD, MPA

President CEO



#### **AGREEMENT**

Between

**Broward County** 

and

First Call for Help of Broward. Inc. dba 2-1-1 Broward

for

Establishment of a working partnership for help during an activation of the Emergency Operations Center

May 2010

#### **AGREEMENT**

#### Between

#### Broward County

and

#### First Call for Help of Broward, Inc. dba 2-1-1 Broward

for

# Establishment of a working partnership for help during an activation of the Emergency Operations Center

May 2010

#### 1.0 Parties:

This Agreement is entered into by and between Broward County, a political subdivision of the state of Florida, on behalf if its Office of Public Communications - Call Center, hereinafter referred to as (COUNTY or OPC), and 2-1-1 Broward, a non-profit Florida corporation, hereinafter referred to as (2-1-1).

#### 2.0 Purpose:

The purpose of this Agreement is to document the working partnership that has been agreed to between the OPC and 2-1-1 when the Call Center is activated as the Hotline in response to a countywide emergency

It is recognized that 2-1-1 Broward performs a vital public service before, during, and after an emergency, such as a hurricane. This partnership will ensure the continuity of the 2-1-1 business operations in a secure facility.

The Broward County Call Center will benefit from the availability of trained 2-1-1 counselors curing emergencies to assist those callers that need counseling and/or health-related assistance

#### 3.0 General Responsibilities:

This Agreement covers those emergencies in which the Call Center is activated in response to a full activation of the Emergency Operations Center (EOC) and when the emergency has the potential to have a countywide impact. The most likely example would be in response to a hurricane.

During an emergency activation of the EOC the OPC has agreed to provide up to three (3) workstations in the Call Center for 2-1-1 counsolors. The Call Center Manager will determine during an activation if additional workstations can be assigned to 2-1-1 based on the emergency hotline call volume and need for hotline workers. A workstation will include a telephone, headset and computer.

It will be the responsibility of 2-1-1 to transfer its telephones to the Call Center. The 2-1-1 calls will be routed to a special telephone queue that is answered only by 2-1-1 counselors. It is agreed that when there are no 2-1-1 calls in cueue, the 2-1-1 counselors will assist the Call Center by answering Hot Line calls. The OPC will provide hurricane response training to the 2-1-1 counselors prior to the beginning of Hurricane season each year.

It should be noted that the Call Center is located in a facility that also functions as a back-up 9-1-1 center. If it is deemed necessary, the Call Center must relocate to a backup facility if the workstations are needed by 9-1-1 staff.

#### 4.0 EOC Emergency Activation Responsibilities:

The Call Center is activated in response to an emergency at the direction of the Emergency Management Agency. The activation of the Call Center usually coincides with the activation of the Emergency Operations Center (EOC); however the Call Center can be activated prior to the activation of the EOC. When needed, the Call Center will expand its normal hours of operation from 8.30 a.m. to 5.00 p.m. to a 24-hour-a-day operation. The Call Center staff work eight (8) hour shifts.

The following operating procedures are agreed to:

- The President/CEO of 2-1-1 Broward must contact the Call Center Manager to provide notification of its intention to move 2-1-1 operations to the Call Center. All 2-1-1 staff persons reporting for duty must have taken either the Beginner or Advanced Hurricane Hot Line Training Class and received an EOC ID badge. A shift roster, including the names of the 2-1-1 staff persons reporting for duty, will be provided to the Call Center Manager. The Broward County Call Center is located in the Emergency Operations Center. 201 N.W. 84th Avenue Plantation, Florida.
- Ample parking is available surrounding the EOC Staff is not permitted to park in the covered parking spaces under the EOC facility, as these parking spaces are reserved
- All personnel reporting for duty at the EOC will swipe their ID card at the security desk located on the first floor at the entrance to the EOC upon arrival 2-1-1 staff should then report directly for duty at the Call Center located on the second floor of the EOC 2-1-1 staff will be asked to sign-in at the Call

Center upon arrival and at the end of their shift. When leaving the ECC facility after their assigned shifts, all workers are required to swipe their ID card at the security desk on the first floor.

- 2-1-1 calls will be forwarded to the Cail Center after 2-1-1 counselors are no position to respond to the calls. The Call Center Manager or the shift supervisor will instruct the 2-1-1 counselors on the procedure to log into the phone system.
- All operational issues, including equipment malfunctions, should be reported directly to the Call Center Manager on duty. A 2-1-1 counselor shall be assigned as a lead worker for each shift. During shift changes, the lead worker will be required to provide a shift briefing to the incoming personnel. The lead worker will be responsible for communication to the Call Center Manager on duty.
- The EOC provides free meals during three (3) time periods a day and snacks during the overnight shift when the EOC is in a full activation. It will be the responsibility of the 2-1-1 counselors to schedule their meal times in such a way that the phone lines are covered at all times.
- During a hurricane, the EOC will order a "lock down" when it is determined
  that it is too dangerous to drive. This is likely to occur when sustained winds
  reach approximately 39 mph. If employees are scheduled to work a shift
  where this may occur, they should bring a blanket, pillow medications and
  other items that are needed for comfort for an extended stay at the EOC. The
  EOC has designated areas for sleeping and cots are provided.
- The 2-1-1 President/CEO shall anticipate staffing levels needed based on the likelihood of a "lock down." For example, the Call Center Manager can ask employees to report for their scheduled shift several hours prior to the actual starting time of their shift to ensure their safe arrival. The EOC has areas where staff can read, watch television or engage in other activities until their shift begins.

#### 5.0 Telephone Infrastructure:

The Call Center uses Voice Over Internet Protocol (VOIP) and is supported by the following software applications. Cisco Call Reporting and Symon Reader Boards. Cisco phones utilize the Broward County network infrastructure. The following is a list of reports that can be provided.

- Number of calls answered
- Number of calls abandoned
- Wait time in the queue
- Percent of calls abandoned greater than 24 seconds.

- Number of calls answered per agent
- Percent of calls answered within 24 seconds for service level measurement.

Symon reader boards are used to inform Call Center agents of call statistics. The board displays the number of calls waiting, time of the oldest call waiting, number of agents currently answering phones, number of agents available, and the number of agents in "not ready" mode. Pre-recorded announcements are provided to callers in the call queue waiting for the next available agent. The reader boards will not include the 2-1-1 queue information.

The Call Center Manager can provide statistics similar to those listed above on the incoming 2-1-1 calls at least once per shift or as operationally required.

#### 6.0 Contact persons:

For purposes of this Agreement, the contact persons are as follows, and either party may change their respective contact person(s) by providing the other party with written notice:

Judy Sarver, Director
Office of Public Communications
Governmental Center
115 S. Andrews Avenue – Room 506
Fort Lauderdale, FL 33301
954-357-7583
jsarver@broward.org

Jeffrey Simon, Call Center Manager
Office of Public Communications
Emergency Operations Center
201 N W 84 Avenue – 2<sup>rd</sup> Floor
Plantation, FL 33324
954-831-3994
jsimon@broward\_org

Sheila Smith, President/CEO 2-1-1 Broward 3217 NW 10th Terrace, Ste 307 Fort Lauderdale, FL 33309 Administration 954-390-0493 Fax: 954-390-0499

#### 7.0 Amendments:

Each party may review this MOU each year prior to June 1. Both parties must agree to any amendments to the MOU. The MOU will be effective for a period of three (3) years from the date of execution by COUNTY unless canceled by either party with or without cause. Both parties agree to provide thirty (30) days written notice if either party intends to cancel this MOU.

#### 8.0 Indemnification/Liability:

- 2-1-1 shall at all times hereafter indemnify, hold harmless and at the County Attorney's option, defend or pay for an attorney selected by the County Attorney to defend COUNTY, its officers, agents, servants, and employees from and against any and all causes of action, demands, claims, losses, liabilities and expenditures of any kind, including attorney fees, court costs, and expenses. caused or alleged to be caused by intentional or negligent act of, or omission of 2-1-1, its employees, agents, servants, or officers, or accruing, resulting from, cr related to the subject matter of this Agreement including without limitation, any and all claims, losses. liabilities, expenditures, demands or causes of action of any nature whatsoever resulting from injuries or damages sustained by any person or property. In the event any lawsuit or other proceeding is brought against COUNTY by reason of any such claim, cause of action or demand, 2-1-1 shall, upon written notice from COUNTY, resist and defend such lawsuit or proceeding by counsel satisfactory to COUNTY or, at COUNTY's option, pay for an attorney selected by County Attorney to defend COUNTY. The provisions and obligations of this section shall survive the expiration or earlier termination of this Agreement.
- 8.2 Nothing herein is intended to serve as a waiver of sovereign immunity by any party nor shall anything included herein be construed as consent to be sued by third parties in any matter arising out of this Agreement or any other contract COUNTY is a political subdivision as defined in Chapter 768.28, Florida Statutes, and agrees to be fully responsible for the acts and omissions of its agents or employees to the extent permitted by law.

#### 9.0 Jurisdiction, Venue, Waiver of Jury Trial:

This Agreement shall be interpreted and construed in accordance with and governed by the laws of the state of Florida. All parties agree and accept that jurisdiction of any controversies or legal problems arising out of this Agreement, and any action involving the enforcement or interpretation of any rights hereunder, shall be exclusively in the state courts of the Seventeenth Judicial Circuit in Broward County, Florida, and venue for litigation arising out of this Agreement shall be exclusively in such state courts, forsaking any other jurisdiction which either party may claim by virtue of its residency or other jurisdictional device. BY ENTERING INTO THIS AGREEMENT, 2-1-1 AND COUNTY (OPC) HEREBY EXPRESSLY WAIVE ANY RIGHTS EITHER PARTY MAY HAVE TO A TRIAL BY JURY OF ANY CIVIL LITIGATION RELATED TO THIS AGREEMENT.

IN WITNESS WHEREOF, the parties hereto have made and executed this Agreement on the respective dates under each signature. BROWARD COUNTY, through its BOARD OF COUNTY COMMISSIONERS signing by and through its Mayor or Vice-Mayor, authorized to execute same by Board action on the 15th day of Line. 2010, and 2-1-1 Broward, signing by and through its MOSIONERS, duly authorized to execute same

#### COUNTY

ATTEST

Broward County Administrator, as
Ex-officio Clerk of the Broward County
Board of County Commissioners

BROWARD COUNTY, by and through its Board of County Commissioners

Mayor

Stay of June , 2010

Approved as to form by
Office of the County Attorney
for Broward County, Florida
JEFFREY J. NEWTON, County Attorney
Governmental Center, Suite 423
115 South Andrews Avenue
Fort Lauderdale, Florida 33301
Telephone (954) 357-7600

Assistant County Affarney

AND 2-1-1 BROWARD AGREEMENT BETWEEN BROWARD COUNTY ESTABLISHMENT OF A WORKING PARTNERSHIP FOR HELP DURING AN ACTIVATION OF THE EMERGENCY OPERATIONS CENTER

2-1-1

WITNESSES.

Signature

Francisco

Print Name

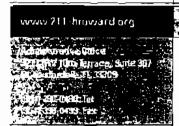
2-1-1 BROWARD

2 day of June, 2010.



# Help is a Phone Call Away!

י אנו דו אי שונות ברכיר ונגלים ודי דו די די ידי או מונע בר בריטור על העוד או אי בריטור או אי היי האונע בכרי וה



#### Letter of Collaboration and Agreement

This letter of Collaboration and Agreement confirms and constitutes an understanding between First Call For Help of Broward. Inc. d/b/a 2-1-1 Broward and Broward County Family Success Administration Division for the purpose of the following:

First Call For Help of Broward, Inc., herein after referred to as 2-1-1 Broward, agrees to serve as the local Emergency Food and Shelter Committee's client financial assistance clearinghouse for <u>Broward County Family Success Administration Division</u>, herein after referred to as the Agency, for the purpose of sharing client financial assistance information which has been entered into 2-1-1 Broward's client case management database. 2-1-1 Broward agrees to make this information available to eligible direct service staff of the Agency upon notification of same to 2-1-1 Broward's Helpline Telephone Counselors twenty four (24) hours per day.

It will be 2-1-1 Broward's responsibility to:

- Provide and maintain the client case management database and make client assistance information available to eligible agency staff via telephone 24 hour per day:
- Within one business day of receipt of a faxed Client Assistance Inquiry from Agency, confirm client status and
  assistance previously given in the client database, enter client information and assistance provided into the
  database, and iax eligibility confirmation and client printout back to Agency and
- Maintain confidentiality and security of client records and share client information only with eligible Agency staff who have a "need and right to know" such information.

It will be the Agency's responsibility to:

- Call the Helplines (211 or 537-0211) for an initial client eligibility verification inquiry;
- Legibly and accurately complete the Client Assistance Inquity form and fax same to 2-1-1 Broward,
- Maintain case documentation in Agency records of assistance given as per Emergency Food and Shelter Board requirements;
- Inform the client of the purpose for collection of the information, its use within the community of participating
  agencies and of his/her right to view the record maintained,
- Obtain the written consent of the client to share information among participating agencies; and
- Notify 2-1-1 Broward in writing of Agency direct service staff who are authorized to access client information either by telephone to the 2-1-1 Broward Helplines or by faxed response

This Letter of Collaboration and Agreement can be terminated at eny time upon the written request of either party.

Sheila J Smith, President/CEO

Dale

11-18-11

He nicha Henry, County Administrator

Date

2-1-1 Broward

For Broward County Family Success Administration Division











# MEMORANDUM OF AGREEMENT BY AND BETWEEN AL LAMBERTI, AS SHERIFF OF BROWARD COUNTY, FLORIDA AND FIRST CALL FOR HELP OF BROWARD, INC., d/b/a 2-1-1 BROWARD

THIS Memorandum of Agreement is entered into by and between First Call For Help of Broward, Inc., d/b'a 2-1-1 Broward (hereinafter referred to as "PROVIDER") and AL LAMBERTI, as Sheriff of Broward County, Florida (hereinafter referred to SHERIFF) this 22 day of Lebroom, 2010.

WHEREAS, PROVIDER provides Help line services to assist residents cope with crises such as mental health concerns, hunger, shelter needs, depression and relationship issues, in Broward County, Florida, and

WHEREAS, AL LAMBERTI, Sheriff of Broward County, Florida, desires to enter into this Memorandum of Agreement for purposes of clarification of services to be provided by Provider; and

WHEREAS, The Broward Sheriff's Office Communications Division desires to refer callers to PROVIDER for services provided by PROVIDER;

**NOW THEREFORE**, for and in consideration of the mutual promises and covenants stated herein, the receipt and sufficiency of which are hereby acknowledged, the parties agree as follows:

#### I. SCOPE OF SERVICES

- 1.1. The PROVIDER, will receive referrals for services from the Broward Sheriff's Office Communications Division. PROVIDER will provide services to individuals seeking information and referrals for health and human services, suicide prevention, and non-emergency services.
- 1.2 PROVIDER will forward to SHERIFF Communications calls from persons in imminent life threatening situations as appropriate.
- 1.3 SHERIFF'S agrees to forward calls to PROVIDER that, in the discretion of SHERIFF, are appropriate for referral.
- 1.4 SHERIFF Communications will receive from PROVIDER, any calls forwarded involving imminent life threatening situations.

#### II. TERM OF THE AGREEMENT

- This Memorandum of Agreement shall be effective on March 19, 2010 and shall remain in full force and effect until March 18, 2012
- The Agreement may be terminated by either party without cause upon 30 days written notice of said desire to terminate

#### III. COMPENSATION

PROVIDER will receive no compensation from SHERIFF for services performed pursuant to this Agreement. Each party shall bear their own costs associated with performing services pursuant to this agreement.

#### IV. RECORDS

- 4.1 Each party shall maintain its records in accordance with the applicable state and federal laws and regulations.
- 4.2 Each party shall maintain the confidentiality of its records to the extent that the records are exempt or confidential under Florida or federal law.

#### V. DISPUTE RESOLUTIONS

Any problems or issues regarding the implementation of this Agreement shall be resolved by the staff taking the problem or issue up their respective chains of commands.

#### VII. APPLICABLE STANDARDS

Nothing in this Memorandum of Agreement is intended to supersede any Florida statutes as existing or as they may be amended.

#### VII. NOTICE

When either party desires to give notice to the other, such notice must be in writing, sent by U.S. mail, postage prepaid, addressed to the party for whom it is intended at the place last specified; the place for giving notice shall remain such until it is changed by written notice in compliance with the provisions of this paragraph. For the present, the Parties designate the following as the respective places for giving notice:

#### For SHERIFF:

Broward Sheriff's Office Office of the General Counsel 2601 W. Broward Blvd. Fort Lauderdale, FL 33312

#### MEMORANDUM OF AGREEMENT BY AND BETWEEN FIRST CALL FOR HELP OF BROWARD, INC. D-B/A 2-1-1 BROWARD AND AL LAMBERTI, AS SHERIFF OF BROWARD COUNTY, FLORIDA

IN WITNESS WHEREOF, the parties hereby execute this Memorandum of Agreement on the date(s) set forth below:

FIRST CALL FOR HELP OF BROWARD, INC. d/b/a 2-1-1 BROWARD

SHELLA L SMITH PRESCEO

Date: 02-18-10

Date: \_ 2-1:2\10

Federal Employer ID No.: 65-0589294

AL LAMBERTI, AS SHERIFF OF BROWARD COUNTY

COL. RICK FREY, Executive Director Department of Law Enforcement

Approved as to form and legal sufficiency subject to execution by the parties:

9 9 Udith W. Levine, General Counsel
Office of the General Counsel

Date: <u>2</u>

#### SHEILA J. SMITH

3571 Sanctuary Drive Coral Springs, Florida 33065 (954) 729-8102

#### CEO, Executive Director and Consulting Experience

2-1-1 Broward, Fort Lauderdale, FL

President/CEO

24-hour crisis/I&R service organization with \$1.7 million budget, 47 staff and high profile Board of Directors.

The Center of Hope, West Palm Beach, FL

Executive Director

95-bed residential treatment facility with \$1.5 million budget.

The Homeless Coalition of Palm Beach County, West Palm Beach, FL

**Executive Director** 

Facilitated county-wide homeless Continuum of Care planning process, prepared annual HUD SuperNOFA and State grant application on behalf of Palm Beach County service providers.

Hispanos Unidos de Buffalo, Buffalo, NY

Executive Director

Multi-service community agency with \$1.8 million budget, 45 staff. Obtained funds for construction of new family preservation center and renovation of agency-owned low income housing units.

Contract Management Group, Inc., Buffalo, NY

Owner/Partner

Provided consulting services to non-profit organizations in management, program development, board/staff development, fund raising, grant writing. Negotiated funding contracts and developed outcome measures and tracking systems.

DEPTH, Inc., Buffalo, NY

Executive Director

Developed new federally funded comprehensive service agency for homeless individuals and families.

#### Other Employment Experience

Food Link, Rochester, NY -

Associate Director

Public/media relations, capital campaign, grant writing

Outreach Coordinator

Five-county nutrition outreach campaign

Rural Opportunities, Inc., Rochester, NY

Regional Employment & Training Specialist

Monitored and Assessed regional employment and training programs in four field offices in northwestern New York State.

Youth Counselor

Developed county-wide summer employment program for teenage youth of iarmworker families.

#### Education

Nazareth College of Rochester, Rochester, NY Bachelor of Arts Degree Major: Psychology

#### **Publications**

1997 Co-author of study: Evaluating an intervention for homeless persons: Results of a field experiment, published in the *Journal of Consulting and Clinical Psychology*.

#### Professional Activities (Current and Former)

Coordinating Council of Broward, Co-Chair, Steering Committee

Children's Services Council of Broward. Advocacy Committee

Palm Beach County Continuum of Care, Planning Committee and Bed & Gaps Committee

Caring House Project, Board of Directors

Buffalo Urban Women's Action Team, Appointed by Mayor

Women's TAP, Fund Raising Committee

Erie County FEMA Local Allocations, Board of Directors

Rochester Area Children's Collaborative, Board of Directors, Steering Committee, Nutrition Committee Chairperson

Rochester/Monroe County Youth Bureau, Board of Directors, Appointed jointly by Mayor and County Executive

Parents Anonymous New York State Resource Office, Board of Directors, Personnel Committee Chairperson

#### Stephen G. Strickland

2645 Riverland Drive, Apt E Fort Lauderdate, FL 33312 (954) 792-2348

Addanta	Extra a dia a a a a
AA QLK	Experience:

2000-Present <u>Director of Information Services and Marketing, First Call For Help</u>

Responsible for IT (LAN, WAN through Workforce One, email services, server maintenance, work station configuration, Internet connectivity and all other areas of information technology), IS (preparation of reports for both FCFH and cur community partners; oversight for FCFH web presence) and Marketing requirements of the agency; supervision of staff for the Community Resource Inventory and all collaborative efforts with the CCB and its partners in the Community Resource Inventory Committee (CRIC); database management for both the FCFH IRis (FoxPro) database and the CRI Access database.

1998-2000 Information and Marketing Manager, First Call For Help

Responsible for all agency marketing efforts and database management for FCFH's in-house software, IRis.

1985-1998 President, Service Business, Inc.

Provided management services to both indoor and outdoor tennis clubs, special events and pro shops. Services included database construction and management, oversight of staff, generation of financial reports and creation of marketing materials.

1995-1996 <u>Instructor, PC Elcetera Computer Classes</u>

Taught basic, mid-level and advanced classes for all Microsoft Office software including Excel, Word, Access, PowerPoint, Windows and Outlook.

1973-1984 Instructor, St. Andrews School of Boca Raton

Taught history and coached tennis for grades 8-12

Education

1962-1968 BA in History, Wheaton College, Wheaton, IL

1968-1972 18 hrs Graduate Work in Education

1999 Advanced Access Training, New Horizons Institute

Elizabeth Kukin 1438 SW 129 Court Miami, Florida 33184 (H) 305-223-3770

SUMMARY: Demonstrates outstanding written and verbal communications skills. Possesses creative problem-solving skills and exhibits excellent judgment in independent decision-making. Maintains positive relationships with clients, peers and superiors. Performs as a skilled public speaker and group trainer. Certified as an Information and Referral Specialist. Displays capabilities in Microsoft Office applications.

#### **EDUCATION**

#### Florida International University (FIU)

B.S. in Social Work, 1986 - Field Placement: Medical Social Worker at Jackson Memorial Hospital. M.S. in Education, 1994 - Field Placement: Student Teacher at Miami Edison Sentor High School.

#### **EMPLOYMENT**

2-1-1 First Call For Help of Broward

1997 - Present

#### 2-1-1 Helpline Manager 2008 - present

Responsible for day-shift management of the 2-1-1 Helpline; oversight of the Touchline program; coordination of Follow-up program; perform QA efforts for 2-1-1 and Homeless Helplines, participate in CORE training program; overall supervision of 15 employees,

#### Helpline Program Director 1997-2008

Responsible for oversight and daily management of the 2-1-1 First Call For Help 24-how Helpline; Supervision of 25-36 staff members;

Recruiting, hiring, training, disciplining, promoting and evaluating employees;

Ensuring Quality Assurance and compliance with multiple service contract requirements,

Monitoring adherence to policies and procedures;

Principal on-site coordinator for contract monitors and accreditation teams;

Generate and analyze telephone ACD system reports.

Coordination of service delivery efforts with community providers,

Resolving escalated customer complaint calls;

Providing call center customer service,

Representing the organization through media interviews and community outleach activities, Maintaining effective working relationships with members of diverse cultural and linguistic backgrounds;

Lead member of the 3-person team responsible for planning, coordinating and implementing 2-1-1 service in Broward County (2002).

Achieved state certification and national accreditation for the Helpline program,

Established and maintained high staff morale

Switchboard of Miami 1995 - 1995 HELP Line Counselor

Responsibilities: Provided information & referral and crisis intervention services to callers of a fast-paced, 24-hour community HELP Line. Conducted CORE training classes and in-services for volunteers and staff. Provided support and instruction for use of computerized call documentation system (IRIS). Interviewed and evaluated potential volunteers for placement. Contributed to development of materials for on-the-phone training sessions. Provided community workshops on human services topics, including: domestic violence, suicide prevention and substance abuse. Co-facilitated the training seminar, "Developing a Youth Hotling," for the St. Thomas (U.S. Virgin

#### Resource Specialist

Islands) Board of Education.

Responsibilities: Compiled research and updated database of 2500+ social service programs for publication in HELPages 1996, the Dade County resource directory of non-profit agencies

#### Miami Jewish Home & Hospital 1989-1992 Long-Term Care Social Worker

Responsibilities: Provided social services and case management for 80- nuising home residents. Offered individual, family and group therapy. Conducted psycho-social assessments. Performed patient care plan case recording documentation. Presented at inter-disciplinary team conferences.

#### Intake/Admissions Social Worker

Responsibilities: Interviewed and evaluated applicants for admission. Generated statistical analysis of bed availability and admissions data. Coordinated assignments for Admissions Department staff Conducted community education and outreach programs. Hosted facility tours.

Child Abuse Prevention Project, Trainer
MCI Telecommunications, Communications Technician
AT&T Telecommunications, Communications Technician

VOLUNTEER EXPERIENCE Switchboard of Miami 1987-89; 1993-95 Telephone Information & Referral Counselor

#### AWARDS

MCI, Excellence in Service FIU, Excellence in Field Placement Switchboard of Miami, Outstanding Service

### Francisco Daniel Isaza

151 SW 14th CT APT A Pompano Beach, FL 33060

(954) \$15-3637 fisaza76@aul.com

#### Education:

#### Bachelor of Science, Psychology

University of Florida, Gainesville, Florida

Upper Division GPA: 3.60

Honors.

Member of Golden Key National Honor Society.

Member of Alpha Lambda Delta.

#### Experience:

#### HELPLINE SERVICES PROGRAM DIRECTOR

2-1-1 First Call For Help, Fort Lauderdale, Florida

April 2009 - Present

Responsible for the overall management of 2-1-1 Broward's Helpline services.

- Organizes, develops program plans for, manages, and evaluates the daily operations of the 2-1-1 Broward programs.
- Assures the various Helpline programs are in compliance with all funding requirements, contractual obligations, monitoring reports, licensing, certification and accreditation requirements.
- Coordinates the creation and collection of documentation required for state and national accreditation and or certification processes.
- Recruits, interviews, and recommends for hire salaried and non-salaried Helpline staff.
- Schedules salaried and non-salaried staff in accordance with the approved budget.
- Provides on-going supervision and annual evaluations for salaried Helpline staff.
- Meets regularly with staff to discuss and solve operational problems and needs, to reinforce agency policies and procedures, and to make recommendations for administrative consideration.
- Provides clinical support and consultation to staff in handling immediate call situations, including debriefing and following-up with staff who have handled stressful calls or walk-in clients.
- Provides on-going pre-service and in-service training sessions for current staff and new hires
- Works collaboratively with the Director of Information Services, Director of Development and Operations Manager to achieve agency's goals
- Monitors overall program performance and prepares monthly reports, statistical reports, and others following standard procedures.
- Implements and monitors Quality Assurance process for the Helpline programs.
- Implements and supervises emergency and disaster plans; acts as primary coordinator of Helpline services during disaster plan activation
- Provides 24-hour on-call services on a rotation basis among Helpline management staff to ensure adequate Helpline coverage and staff support.
- Develops and continually updates I&R training manual and training sessions.
- Provides training seminars for other agencies and community groups as requested.

### Francisco Daniel Isaza

#### HELPLINE SERVICES SUPERVISOR

2-1-! First Call For Help, Fort Lauderdale, Florida Mar 2003 - April 2009 Responsible for assisting the Program Director with overall operation of the Helpline's services.

- Supervise 12 employees, 4 volunteers and 2 Service Learning Interns
- Overseeing the expansion and redesign of the Service Learning Internship Program
- Participated with the development of new policies and procedures for the Special Needs Hotline (a funded program by the Children's Services Council of Broward County)
- Interview and recommend for placement Helpline staff and volunteers
- Train staff and volunteers in crisis intervention theory, counseling techniques and active listening
- Produce performance evaluations for Helphne and Touchline Program staff
- Provide Community Education presentations for other agencies and community groups
- Organize, monitor and manage the CORE Training program
- Review and analyze Quality Assurance Quality improvement process, including creating quality assurance monitoring tools, evaluating staff performance and service delivery
- Exceeded Follow-up program's goals and surpassed I&R standards
- Supply technical assistance to Broward County's Emergency Food and Shelter Program funded agencies
- Assume responsibility for the Helpling in the absence of the Program Director

#### INTERIM HELPLINE SERVICES SUPERVISOR

2-1-1 First Call For Help, Fort Lauderdale, Florida

Oct 2002 - Mar 2003

Responsible for assisting the Program Director with operation of the Helpline's services during the absence of the Helpline Services Supervisor.

- Managed and coordinated the Touchline Program, a daily telephone reassurance program for senior citizens
- Directed the Service Learning Internship Program, which included the mentoring and training of Interns from the Nova Southeastern University
- Processed requests for emergency financial assistance, including initial intake, preparing documentation and recording chent's information into the database

#### CRISIS HOTLINE COUNSELOR/WELFARF. TRANSITION SPECIALIST

2-1-1 First Call For Help, Fort Lauderdale, Florida

Feb 2000 - Oct 2002

Assess needs and coordinate delivery of information, referrals, advocacy and counseling for Welfare Transition Participants (WTP).

- Organized, managed and evaluated daily operations of the WTP Helpline program
- Advocated on behalf of WTP clients helping them navigate through the Welfare Transition System
- A liaison between First Call and other WTP Providers
- Respond to callers needs for emphatic listening/problem solving, crisis intervention and/or suicide intervention

### Francisco Daniel Isaza

### Professional Development:

3	Volunteer Organizations Active in Disaster Board Member	June 2006 – Present
•	2-1-1 First Call For Help AIRS Accreditation Committee	Mar 2003 - Present
•	Broward County Emergency Food & Shelter Board Member	Mar 2003 – Present
•	Guest Member of the Clinical Faculty for the College of Pharma	cy at Nova
	Southeastern University	Mar 2003 - Present

Certified AIRS Information & Referral Specialist
 May 2002 - Present

### Summary of Strengths:

- Fluent in Spanish and English
- Ability to establish trusting relationships with individuals
- Ability to relate with people from diverse backgrounds
- Highly organized, dependable and detailed
- Effective written and verbal communication skills



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MMODYY'Y)

05/06/11

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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### **GRANT APPLICATION**

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Organization Name: Eagle's Wings Development Center
Mailing Address 416 NW 4 <sup>th</sup> Avenue
City/State/Zip Code: Hallandale Beach, FL 33009
Phone (954) 457-9292 Fax (954) 457-9296 E-mail ewdcburton@gmail.com
Name of Contact Person : <u>Tim Burton</u> Title: <u>Executive Director</u>
Organization Information
Is the organization incorporated? Yes x No □ FEIN# 650957010
Does the organization have 501c(3) Tax Exemption Status? Yes x No □
If no, have you applied? Yes □ No □ If yes, provide a copy with your application.
If no, provide the name of the Fiscal Sponsor
Total # of Board Members 5 # of Staff 3 # of Volunteers 3
Does your organization carry Liability Insurance? Yes x No □ Amount: \$2 Million
Proposal Information
Program/Project Name: S.O.A.R. (Seeing Our Abilities Rise) Program
Priority Area Addressed: <u>Job Readiness Adult</u> # to be served: 100
Annual Budget \$ \$25,000 Amount of Request \$ 70,000 Total Project Cost \$84,400
Source of Current Funding: Palms Weed and Seed
Has your organization received funding from the City before? Yes x No □
If yes, Amount Funded \$ 15,000 Year 2010 # of Residents Served over 1,000
Have you attended the city's Capacity Building Workshops conducted by Mr. Non Profit?  Yes x No □
Give a brief summary of the Previous Project Funded: S.O.A.R. Employability Skills Training. A program designed to assist disadvantaged residents with the attainment of economic parity by providing on-going job readiness training and coaching. Self-sufficiency program that assist residents with food stamp and unemployment applications, etc.
Authorized Signature of Organization Representative Villy Date 55/11

GRANT APPLITATION

#### APPLICATION CHECKLIST

Please initial below as confirmation that each of the required documents has been submitted with the Application for review.

<u>x</u>	COVER PAGE
<u> </u>	APPLICATION CHECKLIST
x	Copy of Organization Non-Profit Status Letter from IRS
<u>x</u>	List of Board Members, Director/Agency Head, Titles and Addresses
x	Evidence of Incorporation for State of Florida (www.sumbiz.eug)
<u>x</u>	Evidence of Financial Soundness (990 form) or documentation from a Financial Institution showing three (3) months of operating expenses
<u> </u>	Letters of Support for the project (limit to three (3))
	Memorandum of Understanding/s if partnering with any organization
x	Key Staff Resumes
<u>x</u>	Copy of the organization's Certificate of Insurance and/or a Letter of Indemnity (holding the City of Hallandale Beach harmless)

#### 2. DESCRIPTION OF PROGRAM/PROJECT (no more than 2 pages)

The Eagle's Wings S.O.A.R. Job Training Program was initiated in 2007 with the primary goal of creating an environment that fosters competency, self development, and continual learning for the purpose of securing and maintaining employment. An additional aim of the program is to provide quality service by delivering a relevant and accessible job training program.

Professionals are being displaced from their employment; there is a great need for retraining since the recession. Jobs no longer fit the people. People will have to obtain more education and skilled training in order to compete in the changing job market. Clients are encouraged to complete primary education and continue secondary education by pursuing licensing, certification, specialization, and degrees in order to be truly competitive in the resurging job market.

Considering the increased need for continuing education. EWDC is positioned to expand the scope of the SOAR program to provide Certified Nursing Assistant training on site. Health services continue to grow during the recession. The health care profession is an area where there is continual need for qualified workers. This specific onsite training will provide the classroom hours needed to receive CNA certification. Onsite based training will benefit the community by providing access and flexible training schedules for residents, and a referral link to local employers who are seeking local qualified applicants.

There continues to be an existing and increasing need for employment readiness training in the Palms of Hallandale Beach area. In Hallandale Beach there is roughly 16.8% of the population living below the poverty level. While in the Palms area 32.5% of the population is living below the poverty level. The Recession has greatly affected young people in our community, those less educated and minorities. The biggest decline in employment has been with black males. These statistics coupled with increasing job layoffs provide for a volatile situation in our community. Those in the community who are victims of these layoffs are finding it more and more difficult to find steady full time employment. Many of the jobs these residents previously held did not require as stringent educational requirements when they were hired as they do now. Additionally there were not as many people out of work as there are now. This sector of our community now finds itself out of work, under educated, without resumes and the knowledge to prepare resumes, and no job interviewing skills. They are not marketable for the job market. Many have been seeking steady employment for several months to years with little or no success. There are many other prevalent social issues in the community that are also hindrances to securing gainful employment. Felony and misdemeanor charges, high school dropouts, substance abuse, etc. are some of the barriers.

In addition to job preparedness training, the SOAR program make referrals to State certified programs and schools that award high school diplomas, GEDs, and technical licenses and certifications. There is an established working relationship with employers who are forgiving to some with prior criminal charges. Upon completion of the training program residents are referred to selected employers for interviews. SOAR Program will service 100-125 residents primarily in the city of Hallandale Beach area.

Eagle's Wings Development Center has a strong partnership with the Urban League of Broward County to provide job readiness workshops and symposiums. As a result of this partnership, there is opportunity for direct hire with Frito-Lay, PepsiCo, Hilton Hotels, Embassy Suites Hotel, WALMART, Home Depot, Marriott Hotel, Mardi Gras, and Gulfstream Park.

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## 3. METHOD OR STRATEGY FOR IMPLEMENTATION (no more than 1 page)

The SOAR program is designed to decrease dependency behavior by assisting residents in developing a sense of worth; a more positive outlook on life and self-sufficiency. It provides motivation, and current information regarding the job market. Participants receive instruction on basic strategies for successful interviewing; the role of job interviewers; the objectives of good job interviews; proper dress and grooming; preparation and tweaking of resumes; proper oral and physical presentation; job retention; and work ethics. The program uses "Tackling the Tough Skills" curriculum. This is a curriculum for building skills for life as well as work.

Participants sit in a classroom setting conductive to instruction and study. There is a need to purchase seven new desk top computers and one all in one printer/fax machines to enhance training and provide improved online job searching for participants. EWDC have contracted with qualified and professional job readiness trainers who conducts two to four onsite training workshops per week, job coaching by appointment, and one collaborative workshop per month with various partners.

EWDC is prepared to collaborate with an Agency to provide a State certified instructor for onsite CNA training and certification. Currently, there are local employers who are seeking these qualified workers. As a result the program expansion to include attainable and realistic educational opportunities such as CNA training requires a nominal investment of time and funds for certification. It is anticipated that at least twenty Hallandale Beach residents will be offered the CNA certification training based on a criteria that shows their true desire to complete the training.

The contracted job trainer and coach will oversee the project at the following site:

Eagle's Wings Development Center 416 NW 4<sup>th</sup> Avenue Hallandale Beach, FL 33009 Mon. – Fri. 10.00 am-4pm

### 4. EVALUATION (no more than 1 page)

The staff of the SOAR program will:

- Provide participant and partners with surveys to express their views of the program
- Track and record referrals and actual hires.
- Conduct pre and post-workshop testing and TABE assessment to determine client's math and reading levels if they do not have a high school diploma.
- Provide client intake forms and sign in sheets
- Conduct monthly evaluations of the services provided and results obtained to report to funder as requested

# CITY OF HALLANDALE BEACH FY 2012 COMMUNITY BASED ORGANIZATIONS GRANT FUNDING

#### **GRANT APPLICATION**

### 5. SUSTAINABILITY (no more than 1 page)

Should Eagle's Wings Development Center obtain 50% of funding, then the hours of service will be reduced to accommodate a smaller number of participants. If funding is not awarded, the program will no longer exist because the main source of funding at this time is the Palms of Hallandale Beach Weed and Seed which will no longer be able to support the program financially.

It is our hope that as the economy becomes stronger, more funders will be able to provide the resources that are necessary to fund such programs

GRANT APPLICATION

6. BUDGET INFORMATION	Please fill in information as requested.
	rease in in initial matter as requested.

### PROPOSED PROJECT NAME: Seeing Our Abilities Rise (SOAR) Program

ITEM	GRANT REQUEST	OTHER GRANT FUNDS	INKIND	JUSTIFICATION
Personnel Cost	\$41,600		\$9,600 (volunteer)	\$20 hr. x 20 hrs/wk x52 wks (2) Contracted personnel
Consultants	6,000			20 students for CNA training @ \$300 per student
Supplies	3,000			Ink, office supplies, notebooks
Equipment*	3,750			7 desk top computers @ \$500 ea, and one All-in-one printers @ \$250 ea.
Travel				
Facility Rental/Fees	10,550		\$4,800 (Utilities)	\$880 mo. x 12 months space to have office for staff &computer lab for job seekers and fees
Marketing	1,500			Local media advertising
Printing	600			Professional pamphlets and flyers and stamps
Other (specify)	3,000			150 Bus passes @ \$16 ea (10 rides) 24 gas cards @ \$25 ea
TOTALS	\$70,000		\$14,400	TOTAL BUDGET: \$84,400.00

Signature of Authorized Representative

5/5/1/
Date

Executive Director
Title

#### Eagle's Wings Development Center

#### Board of Directors

Denise Lettau

Board Chair

(Attorney at Sun Trust Bank)

100 Golden Isles Dr Hallandale Beach, Fl

33009

Dlettau61@hotmail.com

Altressa Knowles

Board Treasury

(BSO Human Resources)

608 NW 9th St

Hallandale Beach, FL

33009

Altressa\_knowles@yahoo.com

lve Paul

Board Secretary

(FIU - Student Financial Support)

128 NW 4th Ave

Hallandale Beach, FL

33009

Shining.star357@yahoo.com

Jessica Sanders Board Member

rd Member (Paims of Hallandale Beach Weed and Seed)

615 NW 4th Ct

Hallandale Beach, FL

33009

Onevision4life@aol.com

Eric George Board Member (Eric S George Funeral Home)

608 SW 12 Ave Dania Beach, FL

Eric6621@aol.com

INTERNAL REVENIC SERVICE P. G. BOX 2500 CIMCINDAIL, OH. 45101

LEPARTMENT 1 THE TREABURY

Take Jak to Mil

EACHE WINGS DEVELOPMENT CENTER INC SOLUMN ISCOUNT CENTER INC JALLANDAUD, 66 23009-1301

#### Dead Applicant

Our latter dated April 2000, stated you would be exempt from Federal Income tax under section 501(c)(2) of the Internal Revenue code, and you would be treated as a public charity, rather than as a private foundation, during an advance ruling period

Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(1) of the Code.

Publication 557, Tax-Exempt Status for Your Organization, provides detaited information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676 — Information is also available on our Internet Web Site at www.irs.gov.

If you have general questions about exempt organizations, please call our toll-free number shown in the heading between 8-30 a.m. - 5:30~p.m. Eastern time.

Please keep this latter in your permanent records

Sincerely yours,

Lois G Cerner

Director, Exempt Organizations

Rulings and Agreements

Letter 1050 (DO/CG)

## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



#### Detail by Entity Name

#### Florida Non Profit Corporation

EAGLE'S WINGS DEVELOPMENT CENTER, INC.

#### Filing Information

Document Number N99000004883

FEVEIN Number 650957010

Date Filed D8/16/1999

State FL

Status **ACTIVE** 

Last Event AMENDMENT AND NAME CHANGE

Event Date Filed 02/15/2001 Event Effective Date NONE

#### Principal Address

416 NW 4TH AVENUE

HALLANDALE BEACH FL 33009

Changed 04/13/2010

#### Mailing Address

416 NW 4TH AVENUE

HALLANDALE BEACH FL 33009

Changed 04/13/2010

#### Registered Agent Name & Address

BURTON, TIMOTHY MR

416 NW 4TH AV

HALLANDALE BEACH FL 33009 US

Name Changed: 04/19/2011

Address Changed: 04/19/2011

#### Officer/Director Detail

#### Name & Address

Title P/D

BURTON, TIMOTHY MR 415 NW 4TH AV HALLANDALE BEACH FL 33009

Thie D

JESSICA, SANDERS 615 NW 4TH STREET HALLANDALE BEACH FL 33009

Title D

KNOWLES, ALTRESSA 416 NW 4TH AVENUE HALLANDALE BEACH FL 33009

#### Annual Reports

#### Report Year Filed Date

2009 02/24/2009 2010 04/13/2010 2011 04/19/2011

#### Document images

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### EAGLE'S WINGS DEVELOPMENT CENTER

#### OPERATIONAL BUDGET

#### JANUARY -APRIL 2011

Beginning Balance \$4,151.47

Income <u>\$15,433.81</u> Total \$19,585.28

Expenses

Payroll \$5,568.24

Payroll Expenses \$1,031.08

Rent \$2,400.00

 Other Expenses
 \$7,372.00

 Total
 \$16,971.32

Quarter Ending Balance \$3,213.96

### TIMOTHY BURTON

2228 Evans Street • Hollywood, FL • Phone: 954-479-4744 • tburton@mins.net

#### **Profile**

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- 7 years experience in community development
- 10 experience in community involvement
- Team project management experience in local and federal government
- Skilled management of contract grant projects
- Excellent ability to develop working relationships with regulatory bodies, commissions, local and federal governments

## Professional Experience MEMORIAL HEALTHCARE SYSTEMS Sr. Systems and Network Analyst Key Responsibility

1993-present

- Led hospital's new EMR implementation of Centricity/Logician system. Designed and launched "pre-load" training clinics, optimized training documentation prior to go-live and designed custom modifications to accommodate special needs (e.g., legally blind physician user).
- Analyzed all aspects of Win 2003 Pro deployment for 12,500 workstations nationwide to ensure a smooth migration. Created desktop standardization and dashboards and provided ad-hoc reports using MS Access and SQL Query Analyzer.
- Managed Windows 2003 backend infrastructure IQ/OQ remediation effort for 27 North American sites.
   Reviewed documentation for validity/completeness, authored IQ/OQ summaries with QA and assisted in overall project documentation.
- Transformed processes/toolsets of geographically dispersed medical units into a cohesive, standardized set of solutions that elevated efficiency and accuracy hospital-wide.
- Gathered and assessed needs from internal business units; created custom solutions to resolve issues (e.g., system slowdowns, virus outbreaks and process bottlenecks); and developed functional specifications for IT group.
- Automated previously manual, time-consuming processes to drive gains in data tracking/accuracy, workgroup efficiency and profitability.
- Member of the Employee Activity Committee
- Special Projects Liaison (i.e., construction expansion)

# Volunteer Experience EAGLE'S WINGS DEVELOPMENT CENTER, INC Executive Director Key Responsibilities

2011 ~ PRESENT

- Responsible for creating revenue streams to bring the Center to a thriving non-profit that offers programs and services that are necessary in building the Hallandale Beach Community.
- Development of low to moderate income family housing program, through home ownership counseling, and building and development.

#### Key Responsibilities

- Responsible for a yearly CDBG budget of \$150,000.00 \$200.000.00
- Coordinated the construction and occupancy of 52 new hornes for first time Home Owners in the Northwest section
- Collaborated with Habit for Humanity, City of Hallandale, Various banks, County Organizations, Contractors and Architects to assist with redevelopment project
- Administered the financial business of the Corporation.
- Provided educational classes (i.e. budgeting, being a good neighbor and citizen in the community) for potential homeowners in the Northwest section of Hallandale
- Interview potential clients to ensure that they met the federal guidelines for the program
- Network with local churches and the civic association
- Supervised three paid staff members
- Conducted monthly Board meetings, which included nine volunteer members
- Attend trainings on Community Redevelopment

#### COMMUNITY INVOLVEMENT

- Appointed by the late Carol Andrews, Broward County School Board Member, to the Hallandale Football Stadium Project
- Coach Youth Sports, 10 years, City of Hallandale Football, Basketball, Soccer, Track and Field
- Habit for Humanity
- Liberia Homeowners Association currently serving in the role of Vice President

#### Education

PARKETAN MARKETAN SEPTEMBER BESTED AND CONTRACTOR SERVING SERVING SERVING CONTRACTOR CONTRACTOR

University of Fort Lauderdale

Bachelor of Science in Ministry, 2000

#### Nellie L. Bacon

20501 NW 10<sup>th</sup> Avenue Vhanti Gardens, FL 33169 (305) 651-4880-Home (205) 439-4532 – Cell

14 July 2012

#### Objective

To obtain challenging and rewarding employment

#### Qualifications

Experienced Customer Service Manager
Experienced Site Programs Manager
Proficient in operation of fax and copying machines
Proficient in Microsoft Office Suite & QuickBooks
Type 45/50wpm
Experienced in Office Management and Supervision
Proficient at prioritizing and multi-tasking
Good Oral and Written Communication skills
Experienced in Budget Management
Good Organization, Analytical & Planning Skills
Minimal Banking Experience
Human Resource Management training

#### Education

Bethune Cookman University - 1965-1966
Florida A&M University - 1966 - 1968
FIU - 1977-1978 - B.S. Sociology
Trinity University 1998- A.A. HR
E.V. Hill Bible Institute-2006 -2009 B.A. in Biblical Studies

#### Job Experience

#### 2010 - Present

#### Program Coordinator

Eagle's Wings Development Center

- Manage the Job Readiness Training Program
- Host Training Seminars and Symposiums
- Liaison with employers, local social agencies, and community partners for job listings, referrals and hires

#### 2006-2008

#### Director of After School Program

Ebenezer Human Services, Inc.

Hallandale Beach, FL

- Administrative oversight for elementary and teenage after school programs
- Responsibility for accounting and budget management, staffing, payroll, and compliance for licensing

#### 1995 - 2003

#### Southeastern Regional Customer Service Manager

S. Department of State

Miami Passport Agency

- Implemented and managed Customer Service Program for the Southeastern Region of U.S. Passport Services
- Developed policies and procedures; designed training modules, trained staff, supervised office staff, designated and monitored passport acceptance facilities in (3) states and (2) U.S. Insular Possessions.
- Liaison for the Passport Office with other local and federal government agencies, Congressional offices, community organizations, schools, and the travel industry
- Generated monthly statistical and analytical reports to the National Passport Office in Washington, D.C. that aided in establishing national Passport Office policies and procedures

#### 1984-1995

#### Regional Passport Acceptance Agent

Miami Passport Agency

- Oversight for Recruiting and Training Acceptance Agents for Miami Region.
- Computer skills, budget planning, office management skills required
- Good oral and written communication skills critical
- Collected and compiled demographics for designation of acceptance facilities.

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WORKERS COMPENSATION AND WC STATU- OTH- TORY LIMITS FR	
ANY PROPRIETOR PARTNER EXECUTIVE	
OFFICER/MEMBER EXCLUDED 3	
If yes describe and or SPECIAL PROVISIONS Delay	
A CONTENTS LOCATIONS 1 & 2 630B003202 01/10/2011 01/10/2012 \$50,000 X-1	



## Revitalizna Our Neighborhood Sucidiy, Economically on a Physically



1000 2011

Selection Committee Cirv of nationalate Beach 400 Federal Highway High andate Beach FL 53009

Dear Selection, Committee

The Palms of Halliandole Belgon Weed and Seek is delighted to write a letter of support for Bogle's Wings Developmen. Center a COAP Program, who has been a portner of the writing for the bash seven years. Our name enjugicity of the for the bash seven years. Our name enjugication of the employment only training program which proves resume which glading the view state, the skill haming and too placement assistance.

PHBMS has also commerced with EV-DC to connect the tist flouth Combinagram which was targeted specifically for teens and young adults. The Center continues to sew either community that any intempreyment needs, but also in other needs such as food staffin abolisation, food distribution, and sew destination, respensition other agencies as needed.

Since the Paints of Hallandare vised and Seed will longer be funded by the Federal government. It is vital that the City of Hallar date Beach is ontinue the funding of this program in order to provide appearsible employment certifies to us, community

Thank you for vour support of our cernmunity.

Julia Dank

Date	Description	Deposit	Withdrawal	Balance
02/25/2011	PREAUTHORIZED DEBIT ADP TX/FINCL SVC ADP - TAX EAGL ES WINGS DEVELEFICE 022508AD1		\$63.51	\$3.632 81
02/25/2011	DEPOSIT	\$3,125 00		\$3,696.42
02/24/2011	PREAUTHORIZED DEBIT ADP PAYROLL FEES ADP - FEES EAGL ES WINGS DEVEL139CE 3442658		\$50.00	\$571.42
02/22/2011	Check #1871: CHECK		\$20.00	\$621.42
02/22/2011	PREAUTHORIZED DEBIT AMERICAN EXPRESS ELEC REMIT 1102 21		\$150.00	\$641.42
02/17/2011	Check #1863. CHECK		\$600.00	\$79142
02/15/2011	Check #1868: CHECK	-	\$75.90	\$1,391 42
02/15/2011	Check #1873: CHECK		\$90.00	\$1,466.42
02/15/2011	Check #1867: CHECK		\$115.00	\$1,556.42
02/15/2011	Check #1870: CHECK		\$160.00	\$1,671.42
02/15/2011	Check #1869: CHECK		\$200.00	\$1,831 42
02/14/2011	PREAUTHORIZED DEBIT ADP TX/FINCL SVC ADP - TAX EAGL ES WINGS DEVELEF9CE 02:1106A01		\$63.61	\$2,031 42
02/14/2011	Check #1872: CHECK		\$120 00	\$2,095.03
02/14/2011	PREAUTHORIZED DEBIT AMERICAN EXPRESS ELEC REMIT 1102 14		\$240.00	<b>\$2,21</b> 5.03
02/14/2011	Check #1874: CHECK		\$300 00	\$2,455 03
02/14/2011	Check #1875. CHECK		\$358 53	\$2,755 03
02/11/2011	Check #1866 CHECK		\$140.00	\$3,113.56
02/07/2011	Check #1865. CHECK		\$250.00	<b>\$</b> 3, <b>25</b> 3.56
02/07/2011	DEPOSIT	\$2,745.00		\$3,503 56
02/02/2011	PREAUTHORIZED DEBIT ADP PAYROLL FEES ADP - FEES EAGL ES WINGS DEVEL 139CE 2591802		\$50.00	<b>\$</b> 758 56
02/02/2011	Check #10205: CHECK		\$358 53	\$808 56
02/01/2011	Check #10204 CHECK		\$300.00	\$1,167.09

<sup>\*</sup>This balance does not include overdraft or line of credit funds.

Date	Description	Deposit	Withdrawal	Balance
03/30/2011	PREAUTHORIZED DEBIT ADP PAYROLL FEES ACP - FEES EAGLES WINGS DEVELTISECE 477487!		\$50 00	\$1,51397
03/30/2011	PREAUTHORIZED DEBIT AMERICAN EXPRESS ELEC REMIT 1103 30	-	\$358.00	\$1,56307
03/30/2011	Check #10211: CHECK		\$358.53	\$1,92107
03/29/2011	Check #10210: CHECK		\$300.00	\$2,27960
03/29/2011	Check #1884: CHECK		\$600.00	\$2,57960
03/28/2011	Check #1888: CHECK		\$191.47	\$3,179.6D
03/25/2011	PREAUTHORIZED DEBIT ADP TX/FINCL SVC ADP - TAX EAGLES WINGS DEVEL EF9CE 032512A0 1		\$63.61	\$3,37107
03/21/2011	DEPOSIT	\$3,125 00		<b>\$</b> 3, <b>4</b> 34.68
03/17/2011	Check #1885 CHECK		\$74.46	\$30968
03/17/2011	PREAUTHORIZED DEBIT AMERICAN EXPRESS ELEC REMIT 1103 17		\$220 00	\$384 14
03/16/2011	PREAUTHORIZED DEBIT ADP PAYROLL FEES ADP - FEES EAGL ES WINGS DEVEL139CE 4276107		\$50.00	\$60414
03/16/2011	Check #10209, CHECK		\$358.53	\$65414
03/15/2011	Check #10208: CHECK		\$300.00	\$1,01267
03/11/2011	PREAUTHORIZED DEBIT ADP TX/FINCL SVC ADP - TAX EAGL ES WINGS DEVELEF9CE 031110A01		\$63.61	\$1,31267
03/09/2011	Check #1883: CHECK		\$76 04	\$1,376.28
03/08/2011	Check #1880: CHECK		\$90.00	\$1,45232
03/08/2011	Check #1881 CHECK		\$190.00	\$1,54232
03/07/2011	Check #1882 CHECK		\$120.00	\$1,732.32
03/07/2011	Check #1878: CHECK		\$158.88	\$1,852 32
03/04/2011	Check #1879: CHECK		\$70.00	<b>\$</b> 2,011.20
03/04/2011	Check#1877: CHECK		\$600 00	<b>\$</b> 2,081.20
03/03/2011	PREAUTHORIZED DEBIT INTUIT QBOOKS/PRO 1103 03		\$143.08	\$2,681 2
03/02/2011	PREAUTHORIZED DEBIT ADP PAYROLL FEES ADP - FEES EAGL ES WINGS DEVEL139CE 3728519		\$50.00	\$2,8242
03/02/2011	Check #1876 CHECK		\$100.00	\$2,8742
03/02/2011	Check #10206: CHECK		\$300 00	\$2,9742
03/02/2011	Check #10207: CHECK		\$358 53	\$3,2742

<sup>\*</sup>This balance does not include overdraft or line of credit funds

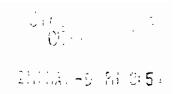
Date	Description	Deposit	Withdrawal	Balance
04/29/2011	Check #1901: CHECK		\$600.00	\$3,213.96
04/28/2011	Check #1905: CHECK		\$302 57	<b>\$</b> 3 813 96
04/27/2011	Check #1897 CHECK		\$21 13	\$4,116.53
04/27/2011	PREAUTHORIZED DEBIT ADP PAYROLL FEES ADP - FEES EAGL ES WINGS DEVEL139CE 5841481		\$50 CO	\$4,137 66
04/27/2011	Check #1900 CHECK		\$77 00	\$4,187 66
04/27/2011	Check #1899 CHECK		\$114 90	\$4,264 56
04/27/2011	Check #10215 CHECK		\$358 53	<b>\$</b> 4,379 56
04/26/2011	Check #1896 CHECK		\$93.80	\$4,738 09
04/26/2011	Check #1898: CHECK		\$156 74	\$4,831.89
04/25/2011	Check #10214: CHECK		\$300.00	\$4,988.63
04/21/2011	PREAUTHORIZED DEBIT ADP TX/FINCL SVC ADP - TAX EAGL ES WINGS DEVELEF9CE 042216A01		\$63.61	<b>\$5,288</b> .63
04/21/2011	Check #1887: CHECK		\$100 00	\$5,352 24
04/21/2011	DEPOSIT	\$2,790.00		\$5,452 24
04/20/2011	PREAUTHORIZED DEBIT ADP PAYROLI. FEES ADP - FEES EAGL ES WINGS DEVEL139CE 5570427		\$60.50	\$2,662.24
04/15/2011	Check #10212: CHECK		\$300 00	\$2,722 74
04/14/2011	PREAUTHORIZED DEBIT AMERICAN EXPRESS ELEC REMIT 1104 14		\$300.00	\$3,022 74
04/13/2011	Check #10213. CHECK		<b>\$</b> 358 53	<b>\$</b> 3,322 74
04/11/2011	PREAUTHORIZED DEBIT ADP TX/FINCL SVC ADP - TAX EAGL ES WINGS DEVELEF9CE 040814A01		\$63 61	\$3,681 27
04/11/2011	Check #1895 CHECK		\$80 00	\$3,744 B8
04/08/2011	Check #1893 CHECK		\$200.00	\$3,824.88
04/08/2011	DEPOSIT	\$3,125.00		<b>\$4</b> ,024 88
04/07/2011	Check #1890 CHECK		\$100 00	\$899 88
04/07/2011	DEPOSIT	\$23.81		\$999 88
04/06/2011	Check #1886 CHECK		\$80.00	\$976 07
04/06/2011	Check #1891, CHECK		\$120 00	\$1,056 07
04/06/2011	Check #1889: CHECK		\$152 00	\$1,176.07
04/05/2011	Check #1892: CHECK		\$100.00	\$1,328 07
04/04/2011	Check #1894. CHECK		\$85.00	\$1,428.07

<sup>\*</sup>This balance does not include overdraft or line of credit funds

#### **GRANT APPLICATION**

COVER PAGE

Organization Name Greater Alt. Franch Alassan, Branst Charle
Mailing Address 318 10 19 9 10 15
City/State/Zip Code Hellendals F2 33009
Phone 782 251-1245 Fax E-mail 4 arem by E yellow Name of Contact Person 1271-5 H. Barr Title Project Cord and
Name of Contact Person Novices H. Bair Title Project Council and
Organization Information
Is the organization incorporated? Yes □ No □ FEIN# 650245098
Does the organization have 501c(3) Tax Exemption Status? Yes □ No □
If no, have you applied? Yes □ No □ If yes, provide a copy with your application.
If no, provide the name of the Fiscal Sponsor
Total # of Board Members 7 # of Staff 2 # of Volunteers 10 - 15
Does your organization carry Liability Insurance? Yes & No Amount 1 million carry
Proposal Information
Program/Project Name Shaping Halkindales All Round Environment
Priority Area Addressed Wilkford Diviloage group 16-23 # to be served 50
Annual Budget \$ 198600 Amount of Request \$ 15710 Total Project Cost \$ 198600
Source of Current Funding
Has your organization received funding from the City before? Yes □ No ☑
If yes, Amount Funded \$ Year # of Residents Served
Have you attended the city's Capacity Building Workshops conducted by Mr. Non Profit?  Yes □ No 凶
Give a brief summary of the Previous Project Funded.
Authorized Signature of Organization Representative Authorized Signature of Organization Representative Authorized Signature of Organization Representative



#### **GRANT APPLICATION**

- 1. ORGANIZATION BACKGROUND INFORMATION (no more than 1 page)
  - Give an overview of the Agency Mission, history and current programs/services.

The mission of the Greater Mt. Everett Missionary Baptist Church/Mt. Everett Resource and Learning Center (GMEMBC/MERLC) is to instill a sense of responsibility and work readiness in our underserved atrisk youth through education, empowerment and development; as well as be of service to and create a safe, trusting environment for the residents, particularly the elderly of Hallandale Beach, Florida.

GMEMBC celebrated forty-eight years of existence in July 2010. The purpose of the church is not only to evangelize but to be a catalyst for change in the Greater Hallandale community.

The church was founded in March 1962 by Rev. W. L. Mosley, and was organized as Hopewell Missionary Baptist Church at 621 Northwest 2<sup>nd</sup> Avenue. Later that year the church gained legal status with the Baptist affiliation and purchased the current site of 318 Northwest 9<sup>th</sup> Street. Incorporated with the State of Florida in March 1991, Greater Mt. Everett Missionary Baptist Church also marked the start of Mount Everett Christian Academy. The daycare offered low-cost childcare to the community and grew to an enrollment of 40 students within a year.

#### **GRANT APPLICATION**

#### 2. DESCRIPTION OF PROGRAM/PROJECT (no more than 2 pages)

The 2000 Census reports the City of Hallandale Beach had a population of 44,282 people. Of that amount, there were 18,051 households. Keeping that in mind, the per capital income for the city was \$22,464, with about 13.1% of the families and 16.8% of the population making below the poverty line. This included 26.4% of those counted being under the age of 18, while 13.0% were 65 or over. Given these figures, it has been urgently impressed upon us that the needs of our youth and elderly population be addressed. GMEMBC/MEDLC would like to take the initiative in addressing these two very vital groups of our community, as we look to revitalize the northwest corridor. It is sometimes easy to ignore youth as a necessary component of building a strong neighborhood coalition when youth are not recognized as a legitimate constituency group or when adults lack the resources to make youth participation an important part of neighborhood improvement. Our philosophy is that youth participation in the community contributes to organizational development and creates lasting community change in which they can take pride.

Our concept is entitled Shaping Hallandale's All Round Environment (SHARE) Youth Project. This project is created to respond to our disadvantaged youth with training and educating them to transition into gainful employment, while providing the elderly with the opportunity to have essential home improvement repairs, including painting, small carpentry, minor plumbing and lawn maintenance rendered. The project will target the community's older youth, 16-23, who are at risk of committing crimes, gang affiliation, unemployed, but namely dropping out of school. GMEMBC/MEDLC, believes that an intergenerational revitalization project would gain merit because it addresses the concerns of our youth and the elderly, two very vulnerable populations in Hallandale Beach. An investment in the lives of youth with barriers who are capable of being trained and empowered to value, support and respect their neighborhoods will benefit the entire City. The ultimate goal of SHARE is for these youth to become vital and productive citizens of the community in which they live.

What we know is that many of today's youth are not engaged in the process of improving the quality of life within their own communities. The cost associated with school dropout has a serious effect on our communities. Crime, domestic violence, unemployment, homelessness, and bright along with several other negative issues are in some way connected with the outrageously unacceptable high school dropout rates. Research shows that Hallandale's crime rate tallied at 37,708. While these figures are not exclusively related to the youth population in Hallandale Beach there is no doubt that they are represented in these numbers. According to profiles national relocation.com, 392 were violent crimes, 98 were robberies, 285 were aggravated assaults, 1,579 were property crimes, 340 were burglaries, 1,073 were larceny-thefts, and 2 were classified as arsons. SHARE is a hands-on concept that has in a varied fashion been successful in other high-crime areas; and we subsequently believe that it will be even more accepted and successful as a means of addressing at-risk youth while simultaneously revitalizing the community.

#### 2. DESCRIPTION OF PROGRAMPROJECT (Continuation)

Shaping Hallandale's All Round Environment Youth Project will provide part time employment for approximately fifty (50) youth between the ages of 16-23. Many of these youth are currently not engaged in any educational programs towards a high school diploma or GED. SHARE youth will also be required to participate in some educational program to achieve their GED or high diploma. Students will be required to maintain a "C" average and be enrolled and have adequate school attendance in an educational program (adult education or GED programs are permitted). The work will be associated with an eco-friendly Paint and Beautification Program to assist those residents who may otherwise not have the financial means of getting small jobs completed. Another component of this program will offer a mentoring side that introduces students to various building trades. A minimum of two staff members will initially be required for the project: a part-time Project Coordinator who will coordinate and oversee the work details and a part time clerical/office aide.

Youth will be allowed to work a maximum of 20 hours in on the job training. They will receive a stipend of \$120 a week while in training for a period of 90 days. It is highly conceivable that most youth will require more time for the educational process, therefore; youth will be referred to a vocational trades program spearheaded by Associated General Contractors of America (AGC) in conjunction with Lowes and other Home Improvement Centers. Work assignments will be pre-arranged by the Program Coordinator. Youth will be engaged in work details that include: painting, caulking, windows, doors and garages, waste cleanup and recycling, cutting grass, trimming bushes, etc. We will also assist students in learning the plumbing and electrical trades. Work crews of 5 youth each will work on pre-scheduled work assignments within the Hallandale Beach Community at no cost for low income senior citizens and disabled homeowners

Recipients of the SHARE Youth Project must meet the criteria set forth for this particular project. Referrals for this service can be made by the Code Enforcement Staff, or the Police Department. All referrals will come through the City's Human Services Department.

#### **GRANT APPLICATION**

#### 3. METHOD OR STRATEGY FOR IMPLEMENTATION (no more than 1 page)

In an effort to meet our objectives, the City of Hallandale's Human Services Department will be asked to assist with case management for SHARE. The City's Human Services Department will obtain most of its referrals from the City of Hallandale's Police Department. Initially we will identify both sides of our target groups; our potential laborers (at-risk youth) and our homeowners. Selection criterion that determines who qualifies as an at-risk youth will be set by our board of directors. This criterion is aligned with the definition set forth by the City of Hallandale's Human Services and the City Police Departments. Criteria will also be determined for qualified homeowners, by the board with referrals from the City Code Enforcement Department as well as the City's Human Services Department, based on information acquired from each of these organizations. A system of coordination and information sharing amongst the organizations is essential for an overall youth improvement initiative. A minimum of two staff will be hired to implement and track this project, a Program Coordinator and a part time Secretary/Administrative Assistant. The timeline determined to initially implement the project is an estimated 35 days. However, we intend for the actual project to run for a full year, commencing October 1, 2011 and run continuously each year so that qualified youth will have an opportunity to make a difference within the Community.

#### Who will be responsible for the overall project?

Norris H. Barr will be responsible for the overall project direction. Mr. Barr's curriculum vitae is included in the attachments. His vast experience include, but is not limited to: Headmaster of a private nonprofit faith based school, with grades k-12; Negotiations and Procurement Specialist with the Department of Children and Families; Economic Development Representative and; Minority Business Opportunity Specialist with the City of Fort Lauderdale, Florida; and Adjunct Professor of National, State and Local Government at Broward College.

#### · What staff will be involved?

SHARE will include a Project Director, and Secretary/Administrative Assistant

#### Include potential partners or collaborations

Our potential partner or cottaborations will include the Associated General Contractors of America (AGC); Lowe's of Pembroke Pines, Florida, Dwight Stephenson Construction, and various business and community mentors.

#### What is the time frame for implementing the project?

We would like to start our first training program during the Fall of 2011 and the second in of Summer 2012.

#### Provide the locations of where you will provide services.

The training portion of our program will take place at Mount Everett Missionary Baptist Church, 318 Northwest 9th Street, Hallandale Beach, Florida 33009. Services will be provided at the homes of our residents in Hallandale Beach. Florida.

#### Days and hours of operations.

The training classes will be held from 5:00 pm until 8:00 pm Monday – Friday, with practical application taking place on Saturdays from 9:00 am until 3:00 pm.

#### **GRANT APPLICATION**

#### 4. EVALUATION (no more than 1 page)

SHARE, in coordination with the City of Hallandale Beach will develop a qualitative method (s) system that will determine the success of the program. Qualitative method(s) will allow for focusing on qualitative project parameters and avoiding any misunderstanding in project specifications. The system helps analyze the following parameters including, but not limited to: Deliverability, Leveraging of Funds, Collaboration and Partnership, Improvements, and Problem Solving. Additional tools of evaluation will include monitoring school attendance and verifying homeowner assistance. Also, in an effort to ensure that we are staying on point and offering the youth and community what is needed, an evaluation survey will be created and used at the end of each phase. We can then better assess our role in this project, while we measure the success of the overall project. Follow-up and comparative evaluations, such as the number of drop outs, number of crimes committed by youth, number of homes still in a dilapidated or worm state before we implement this project compared to the number post-implementation will be the best revelation of how successful and beneficial the project has been.

#### • How will you address the issues/s, make improvements or achieve success?

The Program Coordinator will address issues that arise and make the necessary adjustment for organizational improvement. Issues that are serious in nature will be addressed and documented through incident.

### • What methods will you utilize to measure success or benefits (i.e. attendance, surveys, pre-post test, etc)?

Attendance will be taken to make sure our students are coming to class. A survey will be given to each participant at the end of training to determine whether we have met their level of expectation as to what they have learned, and its application(s). Citizen surveys will be given to determine our level of success, as well as pre-post test given to address any academic issues our students may have, and correct.

#### · How often will you evaluate your services?

Evaluations will take place after each job has been completed by the appropriate instructor to address any deficiencies in skill level (s).

#### **GRANT APPLICATION**

#### 5. SUSTAINABILITY (no more than 1 page)

GMEMBC/MEDLC will partner with the city's Human Services Department to provide Intake and Case Management for all youth referred to the program. The Human Services Department will work closely with the Police Department to identify potential youth for the program. GMEMBC/MEDLC will partner with local tradesmen and business owners to donate their time and resources. Also concurrent with administering this phase of the project, our team of concerned supporters (board members, employees, residents) will be seeking additional funding for subsequent phases of this and other programs. We have targeted businesses such as Sherwin-Williams, Lowe's and Florida Power and Light for consideration of donating materials, supplies, scholarships into their programs designed for youth, etc., in an effort to reduce the costs of sustaining this much needed program.

- If you receive 50% of the amount requested how will you operate services?

  We would be required to make the necessary adjustments, by reducing participants in the program and the number of Hallandale residents served.
- If you do not receive funding, will you still operate services? No.
- What other Funding Sources have you submitted requests for this program/project? Home Depot, Lowes and Sherwin Williams.
- Have you been funded or received a commitment letter?
   We have not been funded and or received a commitment letter.
- What is your organization's Sustainability Plan for the next three years?

A core component of our Sustainability Plan will be continual searches for grants, sponsorships, etc. Should SHARE receive funding, we would seek to reduce the amount that the City would provide by 15% in 2012-2013; 20% in 2013-2014; and 25% in 2014-2015. Increasing the employability skills and educational levels of young people in our community can only lead to a thriving economy and all citizens benefiting.

6. BUDGET INFOR	MATION				
PROPOSED PROJ	ECT NAME: Shaping	Hallandale's All Ro	und Environment	SHARE	
ITEM	GRANT REQUEST	OTHER GRANT FUNDS	INKIND	JUSTIFICATION	
Personnel Cost	\$38,000		\$7,500	Project Coordinator and Sec. Admin. Asst.	
Payroll Taxes	\$3,200				
Postage	\$ 100	-			
Equipment *	\$2,000				
Permits	\$1,500				
Facility Rental/Fees	\$6,000		\$1,500		
Utilities (Lights, phone, water, etc.)			\$2,500		
Class Room Instruction and Supplies	\$58,900				
Participants Stipends	\$77,400				
TOTALS	\$187,100		\$11,500	TOTAL BUDGET: \$198,600	
Equipment purchas	ed over \$500 may bed	come the property of	the City of Halland	ale Beach	
	ase provide the amoun			rative Cost should be kept ost for this budget - 19%	
	CERTIFICATION				
•	ormation contained in tailing and correct to the best		ting Budget and At	tachments (supporting	
Signature of Author	rize Representative	<del>_</del>	Date		



### Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

ÙΊ

35-8012598216C-7

11/09/2006

11/30/2011

RELIGIOUS-PHYSICAL PLA

Curtificate Number

Effective Date

Expiration Date

Exemption Calegory

This certifies that

GREATER MOUNT EVERETT MISSIONARY BAPTIST CHURCH 316 NW 9TH ST HALLANDALE BEACH FL 33009-2355

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tang personal property purchased or rented, or services purchased.



#### Important Information for Exempt Organizations

D R. C

- You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (FAC).
- 2. Your Consumer's Certificate of Exemption is to be used solely by your organization for your organization's customary nonprofit activities
- Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
- This exemption applies only to purchases your organization makes. The sale or lease to others by your organization of tangible personal property, sleeping accommodations or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churchare exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, FAC).
- 5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable to payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third degree felony. Any violation will necessitate the revocation of this certificate.
- 6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Central Registration at 850-487-4130. The mailing address is PO BOX 6480, Tallahassee, FL 32314-6480.

# Greater Mt. Everett MBC Mt. Everett Resource and Learning Center (GMEMBC/MERLC)

### Board of Directors

Rev. Paul L. Kelley 318 N.W. 9 <sup>th</sup> Street Hallandale, FL 33009	President/CEO 305-621-5470
Rev. Norris H. Barr 5042 Pembroke Road West Park, FL 33021	Chairman 850-321-4134
Miss Al'Mena Gordon 318 N.W. 9 <sup>th</sup> Street Hallandale, FL 33009	Administrative Asst. 954-673-9536
Mrs. Cleo Seymour 1750 S.W. 57 <sup>th</sup> Avenue West Park, FL 33023	Member 954-966-3311
Dr. Willie L. Golden P.O. Box 170141 Miami, FL 33017	Member 786-514-4762
Mrs. Lonniesa Rivers-Simmons 318 N.W. 9 <sup>th</sup> Street Hallandale, FL 33009	Youth Advocate 305-905-9639
Mr. William Kelley 1038 Denver Drive Cooper City, FL 33025	Financial Advisor 954-303-3368



No Name History

Entity Name Search Submit

#### Florida Non Profit Corporation

GREATER MOUNT EVERETT MISSIONARY BAPTIST CHURCH, INC.

#### Filling Information

Document Number N42657 FEI/EIN Number 650245098 **Date Filed** 03/22/1991

State

Status

FL ACTIVE

Last Event CANCEL ADM DISS/REV

Event Date Filed 10/27/2008

**Event Effective Date NONE** 

#### Principal Address

318 NW 9TH ST

HALLANDALE FL 33009 US

Changed 05/01/1993

#### Mailing Address

318 NW 9TH ST

HALLANDALE FL 33009 US

Changed 05/01/1993

#### Registered Agent Name & Address

KELLEY, PAUL REV 318 NW 9TH ST. HALLANDALE FL 33313 US

Name Changed: 03/12/2003

Address Changed 06/13/1996

#### Officer/Director Detail

#### Name & Address

Title D

GOLDEN, WILLIE L DR 18910 NW 29 PLACE MIAMI GARDENS FL 33056

Title D

ANDERSON, DALE 4610 SW 36TH ST **HOLLYWOOD FL 33023**  Title DPC

KELLEY, PAUL REV
3321 NW 177 TERR
MIAMI FL 33056

Title T

KELLEY, LOUIS DEACON
6427 NW 201 TERRECE
HIALEAH FL 33015

Title S

HUDSON, JEAN
3941 SW 27 STREET

Title S

LATIMORE-KELLEY, LESA E P.O. BOX 170141 MIAMI FL 33017 US

HOLLYWOOD FL 33023

#### **Annual Reports**

#### Report Year Filed Date

2009 03/18/2009 2010 01/06/2010 2011 02/24/2011

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Note: This is not official record. See documents if question or conflict.

No Name History

Entity Name Search
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Custom Business Checking

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# Custom Business Checking

1/01/2011 thru 1/31/2011

Account number:

2000020160083

Account owner(s):

**GREATER MOUNT EVERETT** 

Account Summary

Opening balance 1/01	\$906.02
Deposits and other credits	8,330 96 +
Checks	3,958.98 -
Other withdrawals and service fees	2,461.90 -

Closing balance 1/31

\$816,10

#### Deposits and Other Credits

Date	Amount	Description
1/03	1,993.96	DEPOSIT
1/10	190.00	DEPOSIT
1/10	589.00	DEPOSIT
1/18	580.00	DEPOSIT
1/24	96.40	DEPOSIT CORRECTIONS CREDIT
1/24	535.00	DEPOSIT
1/24	1,460.60	DEPOSIT
1/31	100.00	DEPOSIT
1/31	786.00	DEPOSIT
Total	\$6,330.96	

#### Checks

Number	Amount	Date Detsoq	Number	Amount	Dele posted	Number	Amount	Date posted
2535	50.00	1/04	2567*	125.00	1/10	2575	50.00	1/31
2559*	175.00	1/10	2568	175.00	1/18	2576	175.00	1/31
2560	102.26	1/07	2569	175.00	1/10	2577	175.00	1/24
2561	175 00	1/06	2570	50.00	1/18	2578	50 00	1/26
2562	175.00	1/03	2571	139.40	1/24	2580*	1,110.00	1/24
2563	50.00	1/18	2572	150.00	1/25	2582*	50.00	1/31
2564	150.00	1/04	2573	175.00	1/31	2585*	175 00	1/31
2565	132.32	1/11	2574	175.00	1/18	Total	\$3,958.98	

<sup>\*</sup> Indicates a break in check number sequence



# Custom Business Checking

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Other	Withdrawals	and Service Fees
Dale	Amount	Description
1/10	0.00	INQUIRY STADIUM-CORNR CC13-008700
1/10	40.00	WITHDRAWAL Wells Fargo Bank 01/08 STADIUM-CORNR MIAMI GARDEN FL 0013S008701
1/11	17 00	COMMERCIAL SERVICE CHARGES FOR DECEMBER 2010
1/12	1,544.71	AUTOMATED DEBIT GREATER MOUNT EV IL PYMT CO. ID. 04 110112 PPD MISC 0000000000009991
1/14	308.50	AUTOMATED DEBIT METLIFE PAYMENT CO. ID. 9110000001 110114 PPD MISC 10000803138
1/18	0.00	INQUIRY STADIUM-CORNR 0013-001618
1/18	40.00	WITHDRAWAL Wells Fargo Bank 01/15 STADIUM-CORNR MIAMI GARDEN FL 0013S001619
1/21	0.00	INQUIRY STADIUM-CORNR 0013-004013
1/21	40.00	WITHDRAWAL Wells Fargo Bank 01/21 STADIUM-CORNR MIAM! GARDEN FL 0013S004014
1/24	15 02	ACCOUNT TRANSFER TRANSFER TO: 2000042484624 REASON: COLLECTION OF OVERDRAFT AMOUNT
1/26	356.67	AUTOMATED DEBIT FPL DIRECT DEBIT ELEC PYMT CO. ID. 3590247775 110126 TEL MISC 7818958816 TELV
Total	\$2,461.90	

## Service Fees

Description	Quantity	Total
GENERAL SERVICES		
ACCOUNT MAINTENANCE	2	\$15 00
DDA STMT W/IMAGE CLASSIC-MTHLY	1	\$2.00
TOTAL FEE(S)		\$17.00

Average balance Minimum balance \$1,134.40 \$409.19

#### Daily Balance Summary

Dales	Amount	Dates	Amo <u>unt</u>	Dales	Amount
1/03	2,724 98	1/11	2,362.40	1/24	1,111.77
1/04	2,524 98	1/12	717.69	1/25	961.77
1/06	2,349.98	1/14	409 19	1/26	555.10
1/07	2,247.72	1/18	499 19	1/31	816.10
1/10	2,511.72	1/21	459.19		

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Phone number

Address

Business Checking, CheckCard & Loan Accounts TDD (For the Hearing Impaired)
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WACHOVIA BANK D1118-02D P O BOX 563966

**CHARLOTTE NC 28256-3966** 

To Balance Your Account								
Compare your account register to your account statement for	Lis	t Outstanding C	Outstanding Checks and Withdrawals					
unrecorded transactions (such as ATM, CheckCard, Interest earned, fees, etc.) Your new account register total should match the adjusted balance in line 6 below.	Ck. No.	Amount	Ck. No.	Amount				
2 Write in the closing balance shown on the front of account statement.								
Write in any deposits you have made since the date of this statement.								
4. Add together amounts listed above in steps 2 and 3.								
5. In the section to the right, list and total all checks and withdrawals that you have made that are not reported on your account statement. Write in the total here.								
Subtract the amount in line 5 from the amount in line 4. This is your adjusted balance and should								
match the balance in Step 1			Total					

In Case of Errors or Questions About Your Electronic Transfers Telephone us at 800-222-3862 or write to us at WACHOVIA BANK, D1118-02D, P O BOX 563966, CHARLOTTE NC 28256-3966, as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

Tell us your name and account number (if any).

2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.

Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error. You will have use of the money during the time it takes us to complete our investigation.

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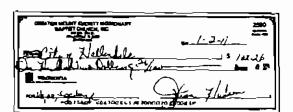
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01/01/2011 thru 01/31/2011



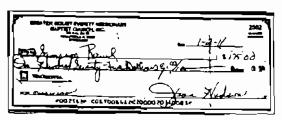
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REF#0952070560 PAID 01/07

102 26



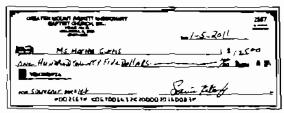
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175.00



REF#3230870167 PAID 01/04

150 00



REF#6155860670 PAID 01/10

125.00



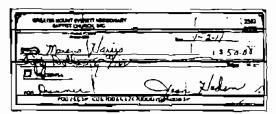
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REF#1730065614 PAID 01/06

175.00



REF#6452947530 PAID 01/18

50.00



REF#6159039670 PAID 01/11

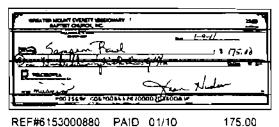
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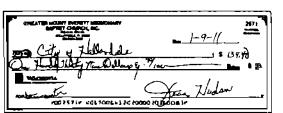
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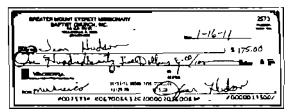
01/01/2011 thru 01/31/2011



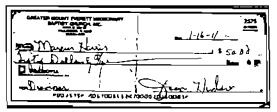
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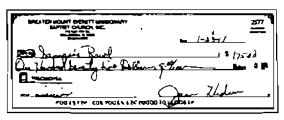
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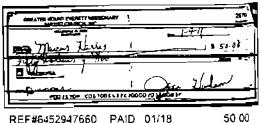
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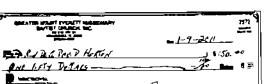
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175.00

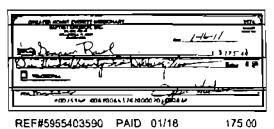
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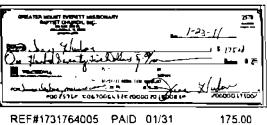
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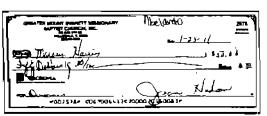
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REF#5955403590 PAID 01/18



REF#1731764005 PAID 01/31



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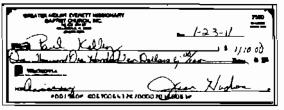
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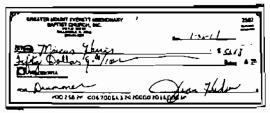
36

01/01/2011 thru 01/31/2011



REF#6450632690 PAID 01/24

1110.00



REF#6352620190 PAID 01/31

50.00



REF#5356137490 PAID 01/31

175.00



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**Electronic Delivery** 

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# **Essential Business Checking**

2/01/2011 thru 2/28/2011

Account number:

2000020160083

Account owner(s):

**GREATER MOUNT EVERETT** 

Account Summary

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Opening balance 2/01	\$816.10
Deposits and other credits	5,014.00 +
Checks	1,705.74 -
Other withdrawals and service fees	2,030.74 -
Closing balance 2/28	\$2,093,62

## Deposits and Other Credits

Total	\$5,014.00	
2/28		DEPOSIT
2/22	1,120.00	DEPOSIT
2/14	890.00	DEPOSIT
2/07	1,695.00	DEPOSIT
Date	Amount	Description

#### Checks

Number	Amount	Date posted	<u>Number</u>	Arnount	Dətə posied	Number	Amount	Date Deslad
2581	175.00	2/02	2588	100.00	2/14	2595*	300 00	2/28
2584*	531.80	2/07	2589	98.94	2/28	Total	\$1,705.74	
2586*	175 00	2/14	2592*	50.00	2/28			
2587	175.00	2/14	2593	100 00	2/22			

<sup>\*</sup> Indicates a break in check number sequence

## Other Withdrawals and Service Fees

Date	Amount	Description
2/03	25.00	DEPOSITED ITEM RETURNED ADV # 962326
2/09	22.50	COMMERCIAL SERVICE CHARGES FOR JANUARY 2011
2/09	1,644.71	AUTOMATED DEBIT GREATER MOUNT EV IL PYMT CO. ID 04 110209 PPD MISC 00000000000009991

Other Withdrawals and Service Fees continued on next page.

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Other With	hdrawals	and Service Fees continued
Dat <del>o</del>	Amount	Description
2/14	308 50	AUTOMATED DEBIT METLIFE PAYMENT CO. ID. 9110000001 110214 PPD MISC 10000803138
2/17	15.03	ACCOUNT TRANSFER TRANSFER TO: 2000042484624 REASON: COLLECTION OF OVERDRAFT AMOUNT
2/22	15.00	DEPOSIT CORRECTIONS DEBIT
Total	\$2,030.74	

## Service Fees

Description	Quantity	Total
GENERAL SERVICES		
ACCOUNT MAINTENANCE	2	\$15 00
BR-DEPOSIT CORRECTIONS	1	\$7.50
TOTAL FEE(S)		\$22.50

Average balance \$693.18 Minimum balance \$112.09

Daily Balance Summary

<b>2 2</b>	Dummin. j				
Dates	Amount	Dates	Amount	Dates	<u>Amount</u>
2/02	641.10	2/09	112.09	2/22	1,233.56
2/03	616.10	2/14	243.59	2/28	2,093.62
2/07	1,779.30	2/17	228.56		

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**CHARLOTTE NC 28256-3966** 

To Balance Your Account					
Compare your account register to your account statement for	Lis	t Outstanding C	hecks and Wit	hdrawals	
unrecorded transactions (such as ATM, CheckCard, Interest earned, fees, etc.) Your new account register total should match the adjusted balance in line 6 below.	Ck. No.	Amount	Ck. No.	Amount	
Write in the closing balance shown on the front of account statement.					
3 Write in any deposits you have made since the date of this statement					
4. Add together amounts listed above in steps 2 and 3.					
In the section to the right, list and total all checks and withdrawals that you have made that are not reported					
on your account statement. Write in the total here.				7	
6 Subtract the amount in tine 5 from the amount in tine 4. This is your adjusted balance and should					
match the balance in Step 1			Total		

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Tell us your name and account number (if any).

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# Essential Business Checking

3/01/2011 thru 3/31/2011

Account number:

2000020160083

Account owner(s):

GREATER MOUNT EVERETT

**Account Summary** 

Opening balance 3/01	\$2,093.62
Deposits and other credits	4,072 91 +
Checks	2,261.48 -
Other withdrawals and service fees	2,630.07 -
Closing halance 3/31	\$1.274.98

## Deposits and Other Credits

Total	\$4,072.91	
3/28	425.91	DEPOSIT
3/21	1,425 00	DEPOSIT
3/14	1,022.00	DEPOSIT
3/07	1,200.00	DEPOSIT
Date	Amount	Description

#### Checks

Number	Amount	Dale posled	Number	Amount	Date posted	Number	Amount	Date posted
2583	202.48	3/30	2597	175.00	3/11	2602	52.69	3/25
2590*	175 00	3/01	2598	50.00	3/08	2605*	50.00	3/28
2591	175.00	3/01	2599	50.00	3/14	2606	400.00	3/21
2594*	175 00	3/01	2600	175.00	3/14	2608*	50.00	3/29
2596*	421.23	3/16	2601	110 08	3/25	Total	\$2,261.48	

<sup>\*</sup> Indicates a break in check number sequence



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Other W	ithdrawals	and Service Fees
Dale	Amount	Description
3/01	197.34	AUTOMATED DEBIT FPL DIRECT DEBIT ELEC PYMT CO. ID. 3590247775 110301 TEL MISC 7818958816 TELV
3/09	19.52	COMMERCIAL SERVICE CHARGES FOR FEBRUARY 2011
3/09	1,644.71	AUTOMATED DEBIT GREATER MOUNT EV IL PYMT CO. ID. 04 110309 PPD MISC 000000000009991
3/11	0.00	INQUIRY STADIUM-CORNR 0613-009402
3/11	200.00	WITHDRAWAL Wells Fargo Bank 03/11 STADIUM-CORNR MIAMI GARDEN FL 0013S009403
3/14	308.50	AUTOMATED DEBIT METLIFE PAYMENT CO. ID. 9110000001 110314 PPD MISC 10000803138
3/29	260.00	AUTOMATED DEBIT FPL DIRECT DEBIT ELEC PYMT CO. ID. 3590247775 110329 TEL MISC 7818958816 TELV
Total	\$2,630.07	

#### Service Fees

TOTAL FEE(S)		\$19.52
DEPOSITED ITEMS-CHARGED BACK	1	\$12.00
RETURNS		
NEGATIVE COLLECTED FUNDS FEE	1	\$ 02
BR-DEPOSIT CORRECTIONS	1	\$7.50
GENERAL SERVICES		
Description	Quantity	Total

Average balance \$1,210.16 Minimum balance \$482.05

Daily Balance Summary

Dates	Amount	Dates	Amount	Dates	Amount
3/01	1,371.28	3/11	482.05	3/25	1,411.55
3/07	2,571,28	3/14	970.55	3/28	1,787.46
3/08	2,521.28	3/16	549.32	3/29	1,477.46
3/09	857.05	3/21	1,574 32	3/30	1,274,98

DO YOU NEED TO ORDER BUSINESS CHECKS? HERE ARE 3 EASY WAYS TO ORDER: 1) LOGIN TO WWW.WACHOVIA COM, 2) CALL HARLAND CLARKE TOLL FREE AT 1-888-299-4041 OR 3) CONTACT YOUR BANKER.

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Phone number

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Business Checking, CheckCard & Loan Accounts TDD (For the Hearing Impaired) Commercial Checking & Loan Accounts

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**CHARLOTTE NC 28256-3966** 

To Balance Your Account					
Compare your account register to your account statement for	List Outstanding Checks and Withdrawals				
unrecorded transactions (such as ATM, CheckCard, Interest earned, fees, etc.) Your new account register total should match the adjusted balance in line 6 below	Ck. No	Amount	Ck. No.	Amount	
Write in the closing balance shown on the front of account statement.					
3. Write in any deposits you have made since the					
4 Add together amounts listed above in steps 2 and 3			-		
In the section to the right, list and total all checks and withdrawals that you have made that are not reported					
on your account statement. Write in the total here					
6. Subtract the amount in line 5 from the amount in line 4. This is your adjusted balance and should					
match the balance in Step 1			Total		

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Tell us your name and account number (if any).

Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.

3. Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error. You will have use of the money during the time it takes us to complete our investigation.

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Electronic Delivery

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# Essential Business Checking

4/01/2011 thru 4/29/2011

Account number:

2000020160083

Account owner(s):

**GREATER MOUNT EVERETT** 

Account Summary

Opening balance 4/01	\$1,274.98
Deposits and other credits	5,626 00 +
Checks	2,365.00 -
Other withdrawals and service fees	2,339.12 -
Closing balance 4/29	\$2,196.86

## Deposits and Other Credits

Total	\$5,626.00	
4/25	1,392.00	DEPOSIT
4/18	<del>96</del> 1.00	DEPOSIT
4/18	50.00	DEPOSIT
4/11	647.00	DEPOSIT
4/04	1,626 00	DEPOSIT
4/04	950.00	DEPOSIT
Date	Amount	Description

#### Checks

Number	Amount	Dele posled	Number	Amount	Date posted	Number	Amount	Date posted
2603	175.00	4/01	2611	950.00	4/05	2616*	70 00	4/27
2607*	175 00	4/01	2612	175.00	4/11	2617	70 00	4/27
2609*	175 00	4/13	2613	175 00	4/22	2618	300.00	4/18
2610	50 00	4/07	2614	50.00	4/20	Total	\$2,365.00	

<sup>\*</sup> Indicates a break in check number sequence

William M. Kelley 10842 Denver Drive Cooper City, Ft. 33026

May 97, 2011

Pastor Paul I. Kelley Greater Mount Everett MB Church 318 North West 9th Street Hallandale, FL 33009

Re: Support For The Development of The Shaping Hallandale's All Round Environment(SHARE) Youth Project

Dear Pastor Kelley

I have taken the time and opportunity to study the Mount Everett MB Chutch's business plan for the above captioned church program. I believe this program will provide "at risk" youth of Hollandale Beach with the skills for carpentry, electrical, plumbing and painting. Participants will be able to use their pre-apprenticeship skills to assist the elderly and single heads of households in beautifying and improving their homes. I believe this project will definitely create some remarkable changes in the participants. It will help the participants(students) become quality producers, critical/creative thinkers, more self-sufficient and better citizens for the community and the country.

As a retired Managing Director of the Methife Insurance Company, I offer my support to this project as a mentor. Role models of the business community will be far more successful in the lives of the participants it we can show them what the entrepreneurial spirit is all about. Should you have any questions concerning my support of this project, please feel free to contact me at my home phone -954-432-3198-cell phone-954-303-3368-email-dubkelley@gol.com

Sincerely

William M. Kelley

William Addy

# NAME OF YOUR ORGANIZATION MEMORANDUM OF UNDERSTANDING

This Memorand	um of Understanding (N	100) is established	for the purpose of d	eveloping a
partnership bet	um of Understanding (N ween <u>कर्मान</u> होते. द्वार	vur and Scare	mezición de de totose i	ntent is to provide
<del>iservi</del>	ee or programmanne)	to FER Citra	who reside in the	e city of Hallandale
Beach, Florida.	Presporentice	Training		

Both parties agree to work cooperatively to support and enhance services that will be provided to the community. Both parties acknowledge its responsibility to the following:

#### The Your Organization Name shall:

- Assign a Agency Liaison to coordinate services and activities
- Share information concerning the clients that will be referred
- Provide opportunities for staff collaboration and follow-up on referrals
- Provide adequate space for service provisions
- Participate in periodic evaluations regarding the services conducted

#### The Partner Organization Name shall: .

- Assign a Liaison to coordinate services and activities.
- Accept referrals according to program guidelines and procedures
- Ensure the confidentiality of client records and service delivery
- Maintain data and share information as required for Agency reporting
- Attend meetings required by the partnership to foster collaboration
- Share information concerning clients referred for services

Both parties agree that this Memorandum of Understanding shall be in affect upon signing of both parties and can be terminated by either party at any time provided that there is thirty (30) days notice in writing.

The signature(s) below acknowledges the agreement with this Memorandum of Understanding

Title Project Coordinactor	
Charles Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of th	<i>जीवी</i> ।
Signature Authorized Organization Representative	Date
Print Name LEONARD D. MILLS	
Title FBP/CEO	5/9/11
Signature Authorized Partnephlip Representative	Done /
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## South Florida Chapter Associated General Contractors of America

#### EXECUTIVE SUMMARY

## Overview of the Project

As we have done several times for several cities in South Florida, the South Florida AGC proposes to provide to residents of the City of Hallandale Beach an educational program that will prepare them with the basics of construction, that will make them eligible for hiring by contractors at an entry level position, and in addition, the AGC will give best efforts to place graduates of the program.

## Detailed Description of the Aspects of the Work Service

As we have done several times, the South Florida AGC proposes to conduct classroom instruction in all areas of basic construction, conducted at the Greater Mount Everett Baptist Missionary Church, 318 NW 9<sup>th</sup> Street, Hallandale Beach Florida 33009 over a 12 week schedule, 6 hours per week for a total of 72 hours. We can do two classes per week for three hours (highly preferable) or will consider three classes per week of two hours each. These classes are basic, but have several features that will endure with the students for a lifetime, such as First Aid/CPR, whether or not they pursue a career in construction. The 72 hour course includes the following subjects, taught by experienced professional instructors with many, many years of experience:

Orientation Work Ethics Safety Tools Lumber Steel

Measurements
Basic Equipment on a Construction Site

General Construction Language

#### Job Trainees

The South Florida AGC cannot recruit participants; this is the responsibility of Hallandale Beach. We can assist with promotional material that will assist the City in recruiting students. The South Florida AGC can accommodate 20-30 students per class.

#### Job Training Supervisors

Izett Scott, with nearly 40 years as a vocational instructor (for Baltimore Public Schools), apprentice instructor, pre-apprentice instructor, contractor and director of the SGAGC Apprenticeship Program will be the main instructor. There will be Safety Experts and others that will assist

## Training Rotation

Mr. Scott, who has conducted several very successful programs such as this, will head the program, and except for the Safety component, is more than competent to conduct all training. He may bring in some specialists.

#### Overall Management of the Program

As we have done before, the project will be managed by a partnership with the City of Hallandale Beach and the South Florida AGC. The South Florida AGC will maintain all financial records, pay all relevant taxes, pay all withholdings, insurance, travel expenses, telephone costs, equipment, etc., etc. The City of Hallandale Beach may audit at any time our accounting procedures, etc. The South Florida AGC will assume all of these overall administrative responsibilities and the cost is built into the overall costs of conducting the program. (See Budget)

## Work Schedule

Please see the below:

## SFAGC Pre-apprenticeship Training for Construction

Training for pre-apprenticeship students shall be for the duration of twelve weeks at 6 hours per week, totaling 72 hours of intense training in the areas listed in the course outline.

Course Outline Approx Hours
Orientation 3

- Career Opportunities In Construction
- Salary And Benefits

#### Work Ethic

Safety 20

- OSHA 10 Hour Certification
- First Aid/ CPR
- Eye Protection
- Gloves
- Hard Hat
- Work Boots
- Lifting
- Job Site (work area)

#### Hand tools identification and use

- Hammers
- Saws
- Squares
- Wrecking bar
- Crow bar
- Brooms
- Shovel

10

Wheel borrow	
Lumber identification	9
• 2"x 4"	
• 2"x 6"	
• 2'x 8"	
• 2"x 10"	
• 1"x s	
<ul> <li>3/4" Plywood (any size)</li> </ul>	
1/2:" plywood (any size)	
-	
Rebar	
<ul> <li>Identification of rebar by numbers</li> </ul>	5
<ul> <li>Also nails and other hardware</li> </ul>	
<u>Measurements</u>	6
<ul> <li>Each student will learn to read the standard in</li> </ul>	nch,
to the 1/16", the 1" to the foot-feet	
Basic Equipment on Construction Site	4
<ul> <li>Each student will be taught how to properly of A manual wheel borrow</li> <li>A sledge hammer</li> <li>A carpenter's hammer</li> <li>A crow bar etc.</li> </ul>	perate and use
<ul> <li>A manual wheel borrow</li> <li>A sledge hammer</li> <li>A carpenter's hammer</li> <li>A crow bar etc.</li> </ul>	perate and use <sup>r</sup>
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<ul> <li>A manual wheel borrow</li> <li>A sledge hammer</li> <li>A carpenter's hammer</li> <li>A crow bar etc.</li> </ul> General construction language <ul> <li>Construction Vocabulary</li> </ul>	
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<ul> <li>A manual wheel borrow</li> <li>A sledge hammer</li> <li>A carpenter's hammer</li> <li>A crow bar etc.</li> </ul> General construction language <ul> <li>Construction Vocabulary</li> </ul> Testing Evaluation Job Placement	3
<ul> <li>A manual wheel borrow</li> <li>A sledge hammer</li> <li>A carpenter's hammer</li> <li>A crow bar etc.</li> </ul> General construction language <ul> <li>Construction Vocabulary</li> </ul> Testing Evaluation Job Placement <ul> <li>Resumes</li> </ul>	3 2 1
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# PROGRAM NARATIVE

The South Florida AGC, as stated above, has conducted Apprenticeship programs since 1988, and has trained hundreds of students to go on in successful careers in construction, many reaching the level of construction supervisor and some even as Project Managers. We maintain relationships with many of our graduates, who are a major source of our new recruits. Obviously we are proud of our record. We have included in the References section a number of students who have graduated that can attest to their own successes because of our training.

We have been equally successful in pre-apprenticeship training. For example in a recent pre-apprenticeship program we conducted in Broward County, as we propose here, ALL graduates were retained by contractors. Some even went on to enroll in full apprenticeship programs.

We have detailed above the training schedule by hours of training/subject. We propose that the schedule involve twelve weeks of two classes per week at three hours per class, totaling 72 hours of training, which would be conducted in the same manner and times as the regular apprenticeship program, which has proven to be successful in the past, i.e. 6:00pm-9:00pm. We would consider extending the program by having only two hour classes, but three times per week

This training will be conducted at facilities listed above. It is a convenient facility and well-known by residents and easily accessible to all in the community.

Instructional materials for this course can be extracted from our current textbook and be combined with other materials from the AGC curriculum, which will be placed in a binder for each student, along with a mandatory OSHA textbook which will be supplied by the instructor of the OSHA course.

#### Recruitment:

Students for the pre-apprenticeship program will be persons entering the construction industry with no construction experience, from high schools, and people making career changes. Recruits will be supplied by the City of Hallandale Beach, but South Florida AGC will supply promotional materials to supplement the efforts.

#### Placement:

The South Florida AGC cannot guarantee that all graduates will be placed immediately. We do guarantee that we will use best efforts to secure job interviews for as many as possible. We have a long history of helping secure positions for our graduates, and we believe we can secure our reputation.

BUDGET

Income INCOME 25 Students @ 1200. each Total Income Expense EXPENSES Class Projects Project Supplies Tools & Graduate Kits Books & Supplies Total Class Projects Instructor Expenses	Class Budget	2 Classes Budget
25 Students @ 1200. aach Total Income Expense EXPENSES Class Projects Project Supplies Tools & Graduate Kits Books & Supplies Total Class Projects Instructor Expenses		-
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Expense  EXPENSES  Class Projects  Project Supplies  Tools & Graduate Kits  Books & Supplies  Total Class Projects  Instructor Expenses	\$30,000	\$60 000
EXPENSES  Class Projects  Project Supplies  Tools & Graduate Kits  Books & Supplies  Total Class Projects  Instructor Expenses	\$30,000	\$80,00C
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Tools & Graduate Kits Books & Supplies Total Class Projects Instructor Expenses		
Books & Supplies  Total Class Projects Instructor Expenses	\$1,500	\$3,000
Total Class Projects Instructor Expenses	\$1,500	\$3,000
Instructor Expenses	\$350	\$700
•	\$3,350	\$6,700
•		
madactor adplienters	\$10,000	\$20,000
Miscellaneous Instructor Expense	\$100	\$200
Total instructor Expenses	\$10,100	\$20,200
Coordinator Expenses	•,	
Coordinator Salaries		
Payroll Taxes	\$6,800	\$13,600
Health Insurance	\$2,700	\$5,400
Auto and Travel	\$1,200	\$2,500
Gas, Oil & Maintenance	\$0	\$0
Computer & Other Equipment	\$200	\$400
Cell Phone	\$200	\$400
Total Coordinator Expenses	\$11,100	\$22,300
Administration		
Secretarial & Bookkeeping	\$2,000	\$4,000
Managerial	\$500	\$1,000
Rent & Utilities	\$0	\$0
Office Telephone	\$0	\$0
Liability Insurance	<b>\$</b> 332	\$600
Workers Compensation Insurance	\$243	\$500
Postage	\$100	\$200
Accounting & Audit	\$300	\$600
Office Supplies, Printing, etc.	\$1,200	\$2,400
Miscellaneous Admin Expenses	\$200	\$400
Total Administration	\$4,875	£0.700
Total EXPENSES		\$9,700
Total Expense	\$29,425	\$9,700 \$58,900

## REFERENCES

# Contractors who have used our students. MANY more available upon request:

Or. Daniel Whiteman Coastal Construction Co 5959 Blue Lagoon Drive, Ste. 200 Miami, Florida 33126 305-559-4900

Forest Taylor
Oak Construction Company
4000 SW 30<sup>th</sup> Avenue
Ft. Lauderdale, Florida 33312
954-632-5458

Steve Talley
Duffey Construction
1395 NW 21 Street
Miami, Florida 33142
305-325-0001

Scott Crissey
Beauchamp Construction
2100 Ponce De Leon Blvd., Ste. 825
Coral Gables, Florida 33134
305-445-0819

Glen Colli B & B Interior Systems 3625 W Broward Blvd. Ft. Lauderdale, Florida 33312 954-581-0713

Bob Miller First Florida 1533 Sunset Drive, St. 150 Miami, Florida 33143 305-970-9079

Sandie Domando Gillette Construction 8895 N Military Trail, Ste. 300-C Palm Beach Gardens, Florida 33410 561-718-8034

#### REFERENCES

Graduates who will attest to their success after our course. MANY more available upon request.

Carlos Medina
Assistant Superintendent
Duffey Construction
305-992-1670

Dave Thompson Superintendent Oak Construction 954-200-0253

Sean Timoney Superintendent Coastal Construction 786-390-9398

Carl White
Journeyman Carpenter
Beauchamp Construction
954-441-4704

Phillip Gelino Superintendent Sun Built, Inc. 954-263-5414

#### **EXPERIENCE**

It must be pointed out that it is not the first time we have proposed such classes. Each time the City and we, together, as partners, have trained dozens of people from the community, some of which have gone on to successful careers.

It must be pointed out also that the South Florida AGC, especially the Apprenticeship program has contributed mightily to the South Florida community. For a number of years the "Rebuild Together" program has rehabilitated dozens of homes in South Florida. AGC has always been a part of the program, but it is more important to note that the Apprenticeship program has supplied more than their share of volunteers to do the work, often taking on more than the customary one house. We have NEVER, EVER, received anything but kudos for the work we have performed from the community we served

#### QUALITY CONTROL

Our record of achievement should be evidence, but if not, we invite anyone to examine our internal structure, accounting methods, training methods, etc., etc.

## NORRIS H. BARR

4731 SW 26th Street West Park, Florida 33023 (954) 391.8395 (850) 321.4134 herral tahou com

#### OBJECTIVE

An opportunity in education where my proven motivational and teaching skills will be utilized for organizational achievement and improvement in the lives of at risk children.

## HIGHLIGHTS OF QUALIFICATIONS

- Owned and operated a private college preparatory school for at risk youth
- Assisted in developing a highly successful Back to School Boot Camp Orientation
- Developed and implemented programs for black male and black female students
- Nominated Professor of the Year at Broward Community College

#### PROFESSIONAL ACHIEVEMENTS

#### **MANAGEMENT**

- Hired, trained, terminated, and supervised staff in conducting energy surveys and proving
  results in helping citizens to realize a saving on their electric bills
- Managed 14 individuals in the Broward County's Energy Audit Office.
- Managed two programs with budgets in excess of \$100,000
- Assisted in the negotiations of several Community Based Care contracts with budgets in the millions of dollars.
- Authored and presented City Commission reports detailing statistical data relevant to contract procurement
- Served on a contracts administrative monitoring team which was successful in better fiscal performance by the Department of Children and Families. Our team received the Davis Productivity Award and each team member received a cash award.

#### RELEVANT WORK HISTORY

09/03 - 06/10	Headmaster History/Social Studies Covenant Academy Preparatory Schools	Tallahassee, FL
02/96 - 09/03	Negotiation/Procurement Specialist Adoption Registry Coordinator Operation and Management Consultant I Department of Children and Families	Tallahassee, FL

06/89 - 11.'95	Minority Business Specialist Economic Development Representative City of Fort Lauderdale	Fort Lauderdale, Fl.
03/90 - 08/95	Adjunct Professor National, State and Local Government Broward Community College	Pembroke Pines, FL
	EDUCATION AND SPECIALIZED TRAINING	

Florida International University

Master of Public Administration

Graduate Certificate in Public Management

North Miami Beach, FL
December 1988

July 1988

Michigan State University

Bachelor of Arts Communication Arts

East Lansing, MI
December 1973

## **TECHNICAL SKILLS**

MS Word Excel Power Point

REFERENCES AVAILABLE UPON REQUEST

## Paul L. Kelley

#### 318 Northwest 9<sup>th</sup> Street Hallandale Beach, Florida 33009 785-251-1545

Personal

Born:

October 2, 1959, Miami, Florida

Spouse:

Lesa Latimore-Kelley

Interests:

Humanity, Evangelism, Reading, Sports.

#### Employment

Plumbing Contractor

2011- Present

Mainline Plumbing Company

Miami Gardens, FL

- Plumbing Field Superintendent with 35 direct reports
- Heavy machinery operator
- Layout coordinator
- Blueprint analyst
- All other field operations as required

Plumbing, Heating & Cooling Contractor

2008 - 2009

AL Hill Plumbing Company

Miami Gardens, FL

- Plumbing Superintendent with 33 direct reports
- Heavy equipment operator

Founder/ CEO

1996 - 2008

JPL Plumbing Services, Inc.

Miami, FL

- Designed and installed medical gas systems for medical facilities (hospitals, rehab centers, clinics, dental offices)
- Installed plumbing systems above and beneath ground level in schools and medical facilities
- Certified backflow preventive maintenance
- Certified heavy equipment operator

#### Ministerial experience

#### 4th Vice Moderator/Executive Board Member

February 2008 - Present

Seaboard Baptist Association

Miami, FL

Director and Overseer of Evangelism Outreach Ministries

Assist Moderator, Vice-Moderators and Presidents with any special projects

Attend and participate in quarterly board meetings and conference calls

Ensure participation of all registered churches

Encourage and promote evangelism outreach in local communities

Preside over and facilitate association and union meetings and services as directed

Preach during conference services as assigned

Attend local and state conventions, unions, associations, conferences, and Christian education

#### Senior Pastor/Teacher

January 2003 - Present

Greater Mc. Everett M.B.Church

Hallandale, FL

Study and prepare sermons as directed by the Hely Spirit

Teach adult Bible study.

Oversee and offer resources to all minispies of the church

Conduct various counseling sessions (grief, marriage, family, substance abuse)

CEO of Mt, Everett Christian Academy (M.E.C A.)

Ordain and Install Pastors, Deacons, Officers

Baptismal and Dedication Services

Communion/Committals/Marriages/Revivals

Created partnerships with area community schools

Support local substance abuse programs

#### Interim Pastor/Teacher

July 2002 - January 2003

Greater Mt. Everett M.B.Church

Hallandale, FL

Re-opened and restructured M.E.C.A. to accommodate enrollment of 42 youth (infant to age 5)

Created employment opportunities

Established youth summer program and tutorial sessions

Created and provided summer jobs for area high school age youth

Organized and implemented youth ministries, including Bible studies, fellowships, and recreational activities

Assumed and/or planned all of the pastoral responsibilities as listed above

#### Ministerial Assistant to the Pastor

September 2000- July 2002

Greater New Bethel M.B. Church

Miami Gardens, FL

Assisted pastor in various personal and ministerial capacities

Presided over worship services in the pastor's absence

Assisted pastor with visitation and preaching

Sunday School Teacher for Men's Class

Served as resource liaison and advisor for various construction and maintenance projects

#### Education

Florida Memorial University

School of Religion and Philosophy

Miami Gardens, FL

The Interdenominational Theological Center

Concentration in Theology

Received Certificate in Theology May 2003

Atlanta, GA

Knoxville College

Area of Study: Recreational Therapy

August, 1977 - December, 1979

Knoxville, TN

#### References

Reverend Dr. Jimmy L. Bryant
Dean of Christian Education
Florida General Baptist Convention, Inc.
Pastor-Antioch Missionary Baptist Church of Liberty City
1899 N.W. 64th Street ~ Miami, FL ~ 33147
Office phone: 305-691-1661

Reverend Dr. Willie L. Reid
Pastor-Fellowship Bible Baptist Church
431 Dunbar Road ~ Warner Robins, GA ~ 31093
Office phone: 478-929-0828

William M. Kelley
Operations Consultant
New Horizons Community Mental Health Center
1469 Northwest 36th Street
Miami, FL ~ 33142
954-303-3368

Reverend Dr. G. Bernard Pope
Co-Chairman of the Board of Directors
Seaboard Baptist Association, Inc.
Paster-First Bethel of Dania
6 S.W. 6<sup>th</sup> Street ~ Dania, FL ~ 33004
Office phone: 954-927-8020

Reverend Dr. Alphonse Jackson
Moderator- Seaboard Baptist Association, Inc.
Pastor- Second Baptist M.B.C.
11111 Pinkston Drive ~ S. Miami, FL ~33176
Office phone: 305-232-0499
E-mail: ajministries@aol.com

# Mount Everett Missionary Baptist Church

#### STATEMENT OF INDEMNIFICATION AND WAIVER OF LIABILITY

To the City of Hailandale Beach: In consideration of the grant funds awarded to Greater Mount Everett Missionary Baptist Church named in this Waiver form for this program, the undersigned organization hereby knowingly, freely and voluntarily RELEASE, WAIVER. DISCHARGE AND COVENANT NOT TO SUE THE CITY OF HALLANDALE BEACH, its officers, agents, employees and volunteers from any and all liability or claims which may be sustained by clients or employees directly or indirectly in connection with or arising out of participation in this program/project, whether caused in whole or in part by the negligence of Greater Mount Everett Missionary Baptist Church or otherwise.

The undersigned, on behalf of Greater Mount Everett Missionary Baptist Church, shall indemnify and save harmless the City of Hallandale Beach from and against all judgments, orders, decrees, attorney's fees, cost expense and liabilities arising from or out of such claim, investigation or defense thereof which may be entered, incurred or assessed against the City of Hallandale Beach as a result of the foregoing.

I, THE UNDERSIGNED, HAVE READ THIS DOCUMENT, FULLY UNDERSTAND ITS TERMS AND UNDERSTAND THAT ON BEHALF OF GREATER MOUNT EVERETY MISSIONARY BAPTIST CHURCH DESCRIBED HEREIN, FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ANY AND ALL LIABILITY TO GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IN ANY PORTION OF THIS DOCUMENT IS HELD TO BE INVALID THE BALANCE NOTWITHSTANDING, SHALL CONTINUE IN FULL LEGAL FORCE AND EFFECT.

Print Name: Norris H. Barr	Title: Project Coordinator	
	May 9, 2011	
Signature Authorized Representative		

318 NW 9" Street Hallandale, FL 33009 786-251-1645 (mobile)

The church with the

of God

# **GRANT APPLICATION**

COVER PAGE

Organization Name: Palms of Hallandale Beach Weed and Seed/Palms Community Action Coalition, Inc. Mailing Address: 750 N W 8 <sup>th</sup> Ave
City/State/Zip Code: <u>Hallandale Beach, FL. 33009</u>
Phone 954-457-2993 Fax 954-457-1305 E-mail palmsweedandseed@bellsouth.net
Name of Contact Person <u>Jessica Sanders</u> Title <u>Interim Site Coordinator</u>
Organization Information
Is the organization incorporated? Yes ■ No □ FEIN#: 263853919
Does the organization have 501c(3) Tax Exemption Status? Yes □ No ■
If no, have you applied? Yes ■ No □ If yes, provide a copy with your application.
If no, provide the name of the Fiscal Sponsor <u>City of Hallandale Beach</u> Does the organization have a Board of Directors? Yes ■ No □
Total # of Board Members 23 # of Staff 3 # of Volunteers 23
Does your organization carry Liability Insurance? Yes □ No ■ Amount
Proposal Information
Program/Project Name: Palms of Hallandale Weed and Seed/Palms Community Action Coalition and
Priority Area Addressed: Education/Workforce/Leadership Development
And group. All # to be copied. 200, 400. Applied Budget \$ 302,000.
Age group All # to be served 300 - 400 Annual Budget \$ 202,000
Amount of Request \$ 185,000 Total Project Cost \$ 232,000
Source of Current Funding: Fed. Gov., COHB, Community For All Ages
Has your organization received funding from the City before? Yes ■ No □
If yes, Amount Funded :\$45,000 Year 2006-10 # of Residents Served; At least 1,000
Have you attended the city's Capacity Building Workshops conducted by Mr. Non Profit?  Yes □ No ■
Give a brief summary of the Previous Project Funded _PHBW&S is a partnership with the
Police, residents, and local businesses and church to weed out crime and seed in positive programs in the community.  Authorized Signature of Organization Representative Date

GRANT APPLICATION

## APPLICATION CHECKLIST

Please initial below as confirmation that each of the required documents has been submitted with the Application for review.

<u>x</u>	COVER PAGE
<u>_x</u>	APPLICATION CHECKLIST
<u>x</u>	Copy of Organization Non-Profit Status Letter from IRS
	List of Board Members, Director/Agency Head, Titles and Addresses
<u> </u>	Evidence of Incorporation for State of Florida (www.sumbiz.org)
СНВ	Evidence of Financial Soundness (990 form) or documentation from a Financial Institution showing three (3) months of operating expenses
<u> </u>	Letters of Support for the project (limit to three (3))
	Memorandum of Understanding/s if partnering with any organization/s
<u> </u>	Key Staff Resumes
x	Copy of the organization's Certificate of Insurance and/or a Letter of Indemnity (holding the City of Hallandale Beach harmless)

GRANT APPLICATION

# 1. ORGANIZATION BACKGROUND INFORMATION (no more than 1 page)

The Palms of Hallandale Beach Weed and Seed (PHBW&S) is a community-based strategy sponsored by the U.S. Department of Justice (DOJ). It has an innovative, comprehensive multiagency approach to law enforcement, crime prevention, and community revitalization.

The Palms of Hallandale Beach Weed and Seed is foremost a strategy—rather than a grant program—that aims to prevent, control, and reduce violent crime, drug abuse, and gang related activities. "Weeding" activities are handled by the police department, while "seeding" activities are handled by public agencies and community-based private organizations along with residents collaborate through the prevention, intervention, treatment, and neighborhood restoration sub-committees.

Since its inception in the past seven years, the PHBWS has worked with many local agencies, schools, and churches to provide programs and services to the community. Services include, a gang youth summit, Landlord and tenant training, Employment program, youth employment and leadership programs, and many community events such as Back to School Rallies, Thanksgiving and Christmas giveaways, May Day, Community Reunion, Crime walk, Community Clean- up projects and Foster Fest

Currently, the PHBWS is sponsoring a partnership with Eagle's Wings Development Center to provide employment and training services to the residents of the Palms. Partnership is also made with Ebenezer Missionary Baptist Church and Friendship Baptist Church through J & S Production for Youth programs. Hallandale Church of Christ through Phileo Ministries conducts a local GED program. In addition, the Palms of Hallandale Beach Weed and Seed partners through the Police department with Hallandale Church of Christ, and J & S Productions to conduct summer program for the youth in Middle and High School. The Palms Center of The Arts conducts a summer program which is partially funded by the Palms of Hallandale Weed and Seed.

Through the Neighborhood Restoration committee, neighborhood clean ups were conducted. Several seniors in the community were able to get new roofs through a partnership with the Minority Builders Coalition. Within the next month, the Weed and Seed will partner with a high school from Miami that will assist in painting the homes of three families in our community.

# 2. DESCRIPTION OF PROGRAM/PROJECT (no more than 2 pages)

The Palms of Hallandale Beach Weed and Seed is in its final year of funding through the Department of Justice's Community Capacity Development Office. As a graduated site, the Weed and Seed is expected to become sustainable and continue its work in the community. Some sites are able to accomplish this task through their City's Community Redevelopment Act funds, some through their Police Trust funds, others through a mixture of grants and funds as mentioned.

In 2011's Federal Government's budget it shows no funds allotted for Weed and Seed. That line item has been moved to the Byrne Justice Program, which will fund programs with a focus on two best practice model, Operation Cease Fire based in Chicago, and High Point Intervention based in North Carolina. Funding for this initiative has not yet been announced, it is therefore unknown if Palms of Hallandale Beach will be able to apply for any of those funds.

Beginning October 1, 2011 The Palms of Hallandale Beach Weed and Seed has elected to continue under the name Palms Community Action Coalition (PCAC). The Palms community was selected by the Intergenerational Department of Temple University to become a Community For All Ages (CFAA) site. This Initiative's focus is to ensure that the Palms community is developed with the input of residents of all age group. As the plans are developed for the CFAA initiative, plans are developed for the continuation of PCAC.

There is a dual focus project that is being requested by the PHBW&S. The Steering Committee agrees that the concept of a Committee made up of Law Enforcement, City Manager's Office, Residents, Churches, and local businesses is an excellent concept which encourages communication among the community. We will continue this concept, with monthly meetings to report what is happening with each local agency on the Committee and to plan and implement ideas for the community at large. All Community partners are encouraged to apply for funds independently in order to continue their work in the community.

The second focus is a youth employment and training program. Based on the need expressed by youth and young adults, the PHW&S has committed to implement this program that is targeted for out of school youth ages 17 – 22 years of age who are seeking employment, GED, life skills, and vocational skills training. Youth will be assessed to determine their need and career choice. They will all complete a three-month Life and Employability Skills training. The program will address the concern of the silent job killer among our young men which prevents them from being able to obtain and retain employment, that killer is Substance Abuse. During the assessment, if a participant is having issues with Substance Abuse, they will be referred to treatment during the three-month of Life-skills training. Participants with other life-skills issues will also be given an opportunity to address them based on need. Upon completion of the Life-skills training, participants will be referred to one of the following of their choice; direct employment, vocational training, or part-time employment with GED and or vocational training.

The services provided by the Palms of Hallandale Beach Weed and Seed will address the City's priority area of Education and Workforce Development. It is our goal to educate the community in civic leadership, economic development, and general topics of growth, as well as provide guidance to workforce development for young adults.

The Palms of Hallandale Beach Weed and Seed along with the Community For All Ages Initiative will serve the entire community of Hallandale Beach, in particular, the Palms community. The youth empowerment program will serve thirty (30) youth per year, or more if funds allow.

Foster Road in particular is known for youth and young adults standing out, socializing, selling drugs, or just chit chatting. While it is our goal to rid our community of these negative elements, we know that several of these persons are not current residents of the City of Hallandale Beach. To this end, at least 85% of our participants should be residents of the City of Hallandale Beach.

All services provided will benefit participants by giving them an avenue for becoming strong community leaders who are able to express their concerns and needs effectively. Youth who have "fallen through the cracks" will have the opportunity to obtain training and become employed and self-sufficient. There will be no fees for services provided; instead the youth enrolled in the program will be paid a weekly stipend to assist them with daily living expenses and to encourage completion of program.

The entire community will benefit from the Palms of Hallandale Beach Weed and Seed's Initiatives in the following way:

- Residents will have the opportunity to become a part of a Steering Committee that provides leadership training, teaches residents of all ages how to respect each other's opinions and how to hear each other's concerns before making recommendations for change.
- The community will also benefit from the young adults program by having less people hanging on the streets which will hopefully show a reduction in crime.

It is the intent of the Palms of Hallandale Beach Weed and Seed to work with the agencies that are presently involved on the Committee, and include others such as Substance Abuse Counseling, WorkForce One vocational training, OIC's Green Initiative Training, Hallandale Adult Center's Carpentry Apprentice Program, and O.B. Johnson Park and Hepburn Center's Youth Counselors will also be an integral part of the program through referrals and assistance in teaching the life-skills classes.

## GRANT APPLICATION

# 3. METHOD OR STRATEGY FOR IMPLEMENTATION (no more than 1 page)

The program with have specific goals and objectives for both areas of focus. The PHBW&S will continue with the following goals:

- Host monthly meetings with Steering Committee members to discuss what is happening in the community and plan to improve the community.
- Work toward a revenue building stream that would provide funds to conduct programs in the community.
- Provide community leadership training and guidance for residents of all ages.
- Encourage group and economic development in the community.

The goals for youth program will be:

- Provide at least 30 youth with life-skills, employability, and vocational skills training prior to obtaining employment.
- Encourage youth to deal with life issues and give them opportunities to do community service projects and become involved in the community and work with people of all ages and diversity.
- Assist youth in obtaining sustainable employment.

The overall project will be monitored by the staff of the Palms of Hallandale Beach Weed and Seed. The Director of the program, a Program Coordinator for the Youth Program, and two part-time Case Managers who would work with both programs but serve to follow up and track youth as they matriculate through the phases of the program. The two existing Youth Coordinators has also committed to work with the youth program. There will be weekly or bi-weekly meetings with all staff involved addressing participant's successes or challenges.

The team is expected to work this summer to finalize all of the details of the Youth program, which will be ready for implementation in September of 2011. The PHBWS will continue until Sept 30, 2011 at which time funding from the Community Capacity Development Office will cease and it the Committee will continue as Palms Community Action Coalition with a goal to serve the City of Hallandale Beach.

The assessments for the youth will take place at the PHBW&S's office at the Hepburn Center Once enrolled in the program, youth will follow a schedule based on their choice and need. Life skills training will be held in the Teen Center Mondays through Thursdays from 9:00 am -12 noon. Employability Skills training will be partnered with Eagle's Wings Development Center, and other vocational training will be done based on youth's preference.

# 4. EVALUATION (no more than 1 page)

Participants of the Youth program will be given surveys to measure the success or challenges of the programs. Weekly meetings will be held with staff monthly meetings with partners to address concerns.

All youth will be asked to sign in daily for life/employability skills training. They will sign an agreement to complete GED, Substance Abuse counseling, and or vocational skills training. At the completion of the training each youth will be asked to conduct an overall survey of the program and make recommendations for continuation.

## 5. SUSTAINABILITY (no more than 1 page)

If provided with 50% of the amount requested the program for the Youth will be reduced by 50%. This could mean no stipend, less staff and services provide, or fewer people served. The Committee will decide what will be the method of reduction. If funding is not received, then there would be no youth program at all, however, the PHBW&S will continue until June 2012 to fulfill its commitment to Community For All Ages Initiative.

Originally a request was submitted to the Police Trust for \$70,000 to cover the cost of the stipend, supplies, and two part-time case managers. A letter was sent, requesting that this application be made, therefore, the request amount of funds include the amount originally requested from the Police Trust.

The application for 501c3 was recently submitted to the IRS, it is hoped that once receive, we will submit for grants and donations. The PHBW&S recently received a letter of commitment for \$35,000 from the Urban League of Broward County who is the fiscal agent for the Community For All Ages Initiative.

The Palms of Hallandale Beach Weed and Seed is currently working on a Sustainability Plan for the next year which includes:

- Grant writing to local, State, and Federal programs
- Social entrepreneurial program to bring in revenue for programs
- Local fundraising efforts.

GRANT APPLICATION

	<u> </u>	
6. BUDGET INFORMATION	Please fill in information as requested.	
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PROPOSED PROJECT NAME: Palms Community Action Coalition/ Faith Project

ITEM	GRANT REQUEST	OTHER GRANT FUNDS	INKIND	JUSTIFICATION
Personnel Cost		GRANTFUNDS	I,VKJ.VD	Program Director, Coordinator for youth prog. & 2 part-time Case Managers
Consultants	\$10,000			Specialized services for community development, and youth substance abuse program.
Supplies	\$5,000			Office supplies for all staff
Equipment*	\$1,000			1 desktop and 1 laptop computer
Travel	\$4.000			For staff or residents to attend trainings
Facility Rental/Fees			\$12,000	PHBW&S office space, and class space for life-skills training.
Marketing	\$1,000			Maintain website, advertisement
Printing	\$1,000			Stamps, flyers, brochures, etc.
Other	\$43,000	\$35,000		Stipend 30 x\$100 x 12 wk =\$36,000
(specify)		(Community Project)		Field trips, uniform, food, \$7,000
TOTALS	\$185,000	\$35,000	\$12,000	TOTAL BUDGET: \$232,000.00
* Equipment	purchased over	\$500 may become	the propert	y of the City of Hallandale Beach.
	t to a minimum			s; therefore Administrative Cost the percentage of Administrative Cos
		CERTIFICA	TION	
		contained in the Apue and correct to th		ncluding Budget and Attachments knowledge.
Dr.d	(1)			May 6, 2011
Signature of	Authorized Rep	resentative		Date
Interim Sit	e Coordinator_			

#### Paims Community Action Coalition Inc. 750 NW 8<sup>TH</sup> AVENUE HALLANDALE BEACH, FL 33009 954-540-5200

EIN: 45-1578751

April 15, 2011

Internal Revenue Service P.O. Box 12192 Covington, KY 41012-0192

SUBJECT:

APPLICATION FOR RECOGNITION OF EXEMPTION UNDER SECTION 501c3 OF THE

INTERNAL REVENUE CODE

Dear Sir/Madam:

Please find enclosed Palms Community Action Coalition Inc., Form 1023 application for consideration for recognition of exemption under Section 501c3.

We look forward to your favorable response.

Sincerely

Katrice Johnson,

Chair

cc: Jureau Allen - Vice Chair

Von Thomas - Treasurer Jessica Sanders - Director Clara Brown - Secretary

Date of this notate. 04-11-2011

Employer Identification Number: 45-1875781

Form 55--

Number of this notice: OF 578 E

PARMS COMMUNITY ACTION COALITION INC % JESSICA SANDERS 750 NW 8TH AVE HALNDLE BOH, FL 33003

For assistance you may call us at: 1-300-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN) We assigned you EIN 45-1578751. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filling tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Assigning an EIN does not grant tax-exempt status to non-profit organizations Publication 557, Tax Exempt Status for Your Organization, has details on the application process, as well as information on returns you may need to file. To apply for formal recognition of tax-exempt status, most organizations will need to complete either Form 1023, Application for Recognition of Exemption Under Section 501(c, (3) of the Internal Revenue Code, or Form 1024. Application for Recognition of Exemption. Under Section 501(a). Submit the completed form, all applicable attachments, and the required user fee to:

Internal Revenue Service PO Box 10190 Covington, KY 41012-0190

The Pension Protection Act of 2006 contains numerous changes to the tax law provisions affecting tax-exempt organizations, including an arrual electronic notification requirement (Form 930-N. for organizations not require to file an annual information return (Form 990 or Form 990-EZ.. Additionally, if you are required to file an annual information return, you may be required to file it electronically. Please refer to the Charities & Non-Profits page at www.irs.gov for the most current information on your filing requirements and on provisions of the Pension Protection Act of 2006 that may affect you.

#### IMPORTANT REMINDERS

- \* Respirations of this active in your permanent Jeconds. This notice is issued this one time and the IRS will not be able to generate a duplicate copy for you.
- \* Use this EIN and your name exactly as they appear at the toy of this notice of ell-
- Refer to this ZIN on your can-related correspondence and documents.
- \* Provide future officers of your organization with a copy of this notice.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the pottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stup. Thank you for your nooperation.

Keep this part for your records

OP 575 E .Rev 1-2007

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

JP 375 B

0099954999

Your Telephone Number | Best Time to Call | DATE OF THIS NOTICE: 04-11-2011 | SMPLCYEF IDENTIFICATION NUMBER:

DATE OF THIS NOTICE: 04-11-2011 EMPLOYER IDENTIFICATION NUMBER: 45-1576751 FORM: SS-4 MOBOU

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INTERNAL REVENUE SERVICE CINCINSTATI OH 45999-0023 Mandalahda Mandalahda Mandalahda PALMS COMMUNITY ACTION COADJITION INC % JESSICA SANDERS 750 NW 8TH AVE HALNDLE BOK FL 33009

# PALMS OF HALLANDALE BEACH WEED AND SEED

# STEERING COMMITTEE

#### 2011

# COMMITTEE OFFICERS

Katrice Johnson	Co-Chair Greater Ebenezer Missionary Baptist Church 816 NW 1st Ave., Hallandale Beach, FL. 33009	(C) 954-701-0259 (W) 954-454-0245 <u>kat/33-©ac-con</u>
J D Smith	Co-Chair US Attorney's Office 99 NE 4th St., Miami, FL 33132	(W) 305-961-9156 (C) 786-218-1121 James dismith@padol.gov
Jurea Allen	Vice-Chair Resident 409 NW 2 <sup>rd</sup> Ave , Hallandale Beach, FL. 33009	(W) 754-322-7600 (C) 954-558-7706 alleniu 10@hotmail.com
Clara Brown	Secretary 307 NW 3 <sup>rd</sup> Ct., Hallandale Beach, FL. 33009	H) 954-458-4484 (C) 954-678-8921
Linda Cox	Chair of Neighborhood Restoration Resident 23 NW 10 <sup>th</sup> St, Hallandale Beach, FL. 33009	(C) 954-609-5347 lindac4205@bellsouth net
Off. Martin Jackson III	Chair of Community Policing City of Hallandale Beach Police Dept 400 S. Federal Hwy, Hallandale Beach, FL., 33009	(C) 954-593-8119 (W) 954-457-1305 miackson@hailandalebeachil gov
Sgt. Ricky Bouni	Chair of Law Enforcement City of Hallandale Beach Police Dept 400 S Federal Hwy., Hallandale Beach, FL., 33009	(W) 954-457-1644 (C) 954-624-2336 rbouni@hallandalebeachfl.gov
Corey Glover	Chair of Prevention, Intervention and Treatment Hallandale Church of Christ/Phileo Ministries 305 N. Dixie Hwy., Hallandale Beach, FL. 33009	(W) 954-458-0444 (C) 954-629-6938 glovercl@yahoo.com
Richard Shan	Chair of Finance/Sustainability Shanco Building Group 134 S. Dixie Hwy ,	(W) 954-454-6430 Richard@shancoccnstruction.com

# VOTING MEMBERS

### (2 Vacancies)

		12 Vacancies	
1.	Junioisier Jurea Allen	Resident 409 NW 2 <sup>nd</sup> Ave., Haliandale Beach, FL 33009	(C) 954-558-7706 (W) 754-322-7600 <u>a ang 10-200 mang 10-20</u>
2.	Sandy Atkins	A Place of Refuge/Friendship Baptist Church 620 NW 2 <sup>nd</sup> Ave, Hallandale Beach, FL. 33009	(C) 754-204-5947 satkins50@aol.com
3.	Clara Brown	Resident 307 NW 3 <sup>rd</sup> Ct., Hallandale Beach, FL. 33009	(H) 954-458-4484 (C) 954-678-8921
4.	Sgt Ricky Buoni	Police Representative City of Hallandale Beach Police Dept 400 S. Federal Hwy., Hallandale Beach, FL., 33009	(W) 954-457-1448 (C) 954-309-3525 rbgunr@hallandalebeact*! gov
5.	Linda Cox	Resident 23 NW 10 <sup>th</sup> St., Hallandale Beach, FL. 33009	(C) 954-609-5347 lindac1205@bellsouthiret
6.	Tim Curtin	Memorial Healthcare System 7031 Taft St., Hollywood, FL. 33024	(W) 954-985-7004 (C) 954-471-6848 tourin@mhs.net
7	Dr Alvin Jackson	City of Hallandale Beach (City Manager's Office Re 400 S Federal Hwy., Hallandale Beach, FL. 33009	• • • •
8.	Corey Glover	Hallandale Church of Christ/Phileo Ministries 305 N. Dixie Hwy., Hallandale Beach, FL 33008	(W) 954-458-0444 (C) 954-629-6938 glcverol@vahoo.com
9.	Carolyn Johnson	Resident 407 NW 7th Ct., Hallandale Beach, FL. 33009	(H) 954-454-0117 (C) 954-303-8880 Carolyn44@comcast.net
10	). Katrice Johnson	Greater Ebenezer Missionary Baptist Church 816 NW 1 <sup>st</sup> Ave., Hallandale Beach, FL. 33009	(W) 954-454-0245 (C) 954-701-0259 <u>katj33:@scl.com</u>
1	1. Joyce Langston	Resident 744 NW 7th St., Hallandale Beach, FL. 33009	(H) 954-455-0661 (C) 954-383-3200 Jayceplangston50@yahoo com
1	2. Louis Maniacci	DEA REP 2100 N Commerce Pkw. Weston, FL	(C) 305-345-8220 (W) 954-660-4500

13. Kimberly Russell	Hallandale Beach Chamber of Commerce 2500 E. Hallan B. Blvd #206, Hallandale Beach, Ft. 33009	(C) 954-559-8385 (W) 954-454-9881 anlendagos/(2015 1)
14. Jessica Sanders	Resident (Hold on membership) 615 NW 4th Ct., Hallandale Beach, FL. 33009	(H) 954-454-4772 (C) 954-540-5200 <u>Cneutional Fellipsinon</u>
15. Richard Shan	Shanco Building Group 134 S. Dixie Hwy., Ste 106, Hallandale Beach, Ft. 33009	(W) 954-454-6430
16. J D Smith	US Attorney's Office 99 NE 4th St., Miami, FL 33132	(W) 305-961-9156 (C) 786-218-1121 James d smitt @usdoj.cc.i
17. Von Thomas	Resident 1005 NW 7 Ave., Hallandale Beach, FL. 33009	(C) 954-594-0229 thomasver,@compast.net
18. Tyrone Williams	Resident 532 NW 6th Ave., Hallandale Beach, FL. 33009	(H) 954-347-9306 tydee@bellsouth_net
19. Melvin Wnght	Resident 803 NW 7 <sup>th</sup> St. Hallandale Beach, FL. 33009	(H) 954-391-8061 wrightfam14@comcast.net
20. Phyllis Wright	Resident 803 NW 7th St. Hallandale Beach, FL 33009	(H) 954-391-8061 wrightfam ! 4@ccmcast net
21. Tim Burton	Eagle's Wings Development Center 416 NW 4th Ave, Hallandale Beach, FL 33009	(O) 954-457-9292 (C) 954-479-4744
22. Aldo Larussa	Crime Watch of Hallandale Beach 814 SW 2 <sup>rd</sup> St, Hallandale Beach, FL 33009	(C) 347-423-1217 baldolarussa@yahoo.com
23. Dr Debra Brown	Palms Center for the Arts 501 NW 1st Ave. Hallandale Beach, FL 33009	(C) 954-288-5443 (W) 954-456-9611 ladeemusic@yahoo.com

	Staff to Initiative	
	Staff to Initiative	
Jessica Sanders	Interim Site Coordinator Palms of Hallandale Beach Weed and Seed 750 NW 8 <sup>th</sup> Ave., Hallandale Beach, FL 33009	(C) 954-540-5200 (M) 954-457-2993 palmsweedandseed@bellsouth.net
Marian McCann-Colliee	Safe Haven Coordinator City of Hallandale Beach, Human Services 750 NW 8 <sup>th</sup> Avel, Hallandale Beach, Ft., 33009	(M) 954-457-1460 <u>manesed ration edeanne ros</u>
Paul Robert	Community Policing Captain City of Hallandale Beach, Police Department 400 S. Federal Hwy, Hallandale Beach, FL 33009	(W) 954-457-1448 <u>এতেক জীলুকটিন টুকুল্ল কলা চাল্ড</u>
Kenyun Langston	Community Resource Specialist US Altorney's Office 99 NE 4 <sup>th</sup> St., Miami, FL 33132	(W) 305-961-9047 (F) 305-530-7742 Sanyud langston Suad troops
Nellie Bacon	Outreach/Case Management Palms of Hallandale Beach Weed and Seed 750 NW 8 <sup>th</sup> Ave , Hallandale Beach, FŁ 33009	(W) 954-457-1460 x 2993 palmsweedandseed@bellsouth net
Martin Jackson III	Community Policing Officer City of Hallandale Beach, Police Department 400 S. Federal Hwy, Hallandale Beach, FL 33009	(C) 954-593-8119 mjackson@nallandstebeachfl.gov
Selinda Jackson	Outreach/Case Management Palms of Hallandale Beach Weed and Seed 750 NW 8 <sup>th</sup> Ave., Hallandale Beach, FL 33009	(W) 954-457-1460 x 2993 palmsvies dandseed@oellsouth net
	NON VOTING MEMBERS	
Ann Billings	Neighborhood Restoration 756 NW 7th St Hallandale Beach, FL 33009	(C) 954-274-4480 (H) 954-454-5031
Edith Ingraham	Neighborhood Restoration 620 NW 1st Ave Hallandale Beach, FL 33009	(C) 954-204-2229 (H) 954-374-8579
Trisha & Ken Johnson	PIT Committee Member Hallandale Church of Christ	(C) 954-934-5602 Trjohn42@compastinet
Michael Keels	PIT Committee Member A Place of Refuge	(C) 954-394-9587 mkeels@broward.org
Valarie McQueen	PIT Committee Member Memorial Healthcare System	(C) 754-273-1149 vmcqueen@mhs nei
Oella Henderson	Community For All Ages 512 NW 7 <sup>th</sup> Ct, Hallandale Beach, FL 33009	(C) 754-273-2614 seekmei <u>ndme@yahoo.com</u>

# FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



No Events

No Name History

Detail by Entity Name

#### Florida Non Profit Corporation

PALMS OF HALLANDALE BEACH WEED AND SEED, INC

#### Filing Information

Document Number N09000000672

FEVEIN Number 263853919

Date Filed

01/20/2009

State

FL

Status

ACTIVE

#### Principal Address

750 NW 8TH AVE.

HALLANDALE BCH FL 33009

#### Mailing Address

750 NW 8TH AVE. HALLANDALE BCH FL 33009

#### Registered Agent Name & Address

SANDERS, JESSICA 750 NW 8TH AVE.

HALLANDALE BCH FL 33009

#### Officer/Director Detail

#### Name & Address

Title CO-C

JOHNSON, KATRICE 816 NW 1ST AVE HALLANDALE BCH FL 33009

Title CO-C

SMITH, JAMES D 99 NE 4TH ST. MIAMI FL 33132

Title VC

ALLEN, JUREA 409 NW 2ND AVE HALLANDALE BCH FL 33009

Title SD

BROWN, CLARA 307 NW 3RD CT HALLANDALE BCH FL 33009

#### **Annual Reports**

Report Year Filed Date

2010 04/05/20102011 02/17/2011

**Document Images** 

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State of Florida, Department of State

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N09000000672

FILED Feb 17, 2011 Secretary of State

Entity Name: PALMS OF HALLANDALE BEACH WEED AND SEED INC

Current Principal Place of Business: New Principal Place of Business:

750 NW 8TH AVE.

HALLANDALE BCH, FL 33009

Current Mailing Address: New Mailing Address:

750 NW 8TH AVE

HALLANDALE BCH, FL 33009

FEI Number: 25-353919 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SANDERS, JESSICA 750 NW 8TH AVE

HALLANDALE BCH, FL 33009 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent Date

#### **OFFICERS AND DIRECTORS:**

Title CQ-C

Name: JOHNSON, KATRICE Address: 816 NW 1ST AVE

City-St-Zip: HALLANDALE BCH, FL 33009

Title CO-C

Name: SMITH, JAMES D Address: 99 NE 4TH ST. City-St-Zip: MIAMI, FL 33132

Title V

Name: ALLEN, JUREA Address 409 NW 2ND AVE

City-St-Zip HALLANDALE BCH FL 33009

Title 50

Name: BROWN, CLARA Address 307 NW 3RD CT

City-St-Zip HALLANDALE BCH, FL 33009

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE JESSICA SANDERS

Electronic Signature of Signing Officer or Director

02/17/2011

RA

Date

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# Detail by Entity Name

# Florida Non Profit Corporation

PALMS COMMUNITY ACTION COALITION INC

#### Filing Information

Document Number N11000000226

FEI/EIN Number NONE Date Filed 01/06/2011

State Status **ACTIVE** 

Last Event AMENDMENT AND NAME CHANGE

Event Date Filed 04/01/2011 Event Effective Date NONE

#### **Principal Address**

750 NW 8TH AVENUE HALLANDALE BEACH FL 33009

## Mailing Address

750 NW 8TH AVENUE HALLANDALE BEACH FL 33009

## Registered Agent Name & Address

JOHNSON, KATRICE R 750 NW 8TH AVENUE HALLANDALE BEACH FL 33009 US

## Officer/Director Detail

#### Name & Address

Title C

JOHNSON, KATRICE R 816 NW 1ST AVENUE **BEACH FL 33009** 

Title VC

ALLEN, J. JUREA 532 NW 6TH AVENUE HALLANDALE BEACH FL 33009

Title T

THOMAS, VON 1005 NW 7TH AVENUE HALLANDALE BEACH FL 33009

Title S

BROWN, CLARA 307 NW 3RD AVENUE HALLANDALE BEACH FL 33009

Title D

COX, LINDA 23 NW 10 STREET HALLANDALE BEACH FL 33009

Title D

SANDERS-DIRECTOR, JESSICA 750 NW 8TH AVENUE HALLANDALE BEACH FL 33009

#### Annual Reports

No Annual Reports Filed

#### Document Images

View image in PDF format

DAMBIE - BILLAND -E L

View image in PDF format

Note: This is not official record. See documents if question or conflict.

<u>Pawerdis</u> <u>Leonie</u> <u>Bian</u>Thiel

Entity Name Search

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MEMORIAL REGIONAL HOSPITAL JOE DIMAGGIO CHILDREN'S HOSPITAL MEMORIAL HOSPITAL WEST • MEMORIAL HOSPITAL PEMBROKE • MEMORIAL MANOR

Grant Selection Committee City of Hallandale Beach 400 S Federal Highway Hallandale Beach, FL 33009

May 6, 2011

Dear Committee.

It gives us great pleasure to share our views regarding the Palms of Hallandale Beach Weed and Seed's success in the community and the need for the initiative to grow and continue. Memorial Healthcare System has been an active member of the PHBW&S since 2007. We have worked tirelessly on many programs and projects that not only brought the community together, but also showed great results, such as crime prevention, and funding for additional prevention programs.

Since the Weed and Seed's introduction to the community, crime has visibly decreased. Funds were available to serve over 150 teens during the summer programs, and at some point, over 60 teens for a Youth Corp program.

There is no other organization in the City of Hallandale Beach that includes members of the Police department, residents, church leaders, and various institutions and organizations all talking and sharing ideas about how to improve our community. It is imperative that this project is funded, and hopefully duplicated in other communities so that we all share one common goal, that is to improve our community.

Thank you.

Sincerely,

Throthy G. Curtin MBA, MSW, CAP Director of Community Youth Services March 1998 - August 2007 Urban League of Broward, Ft Lauderdale

Director of Youth Empowerment Department (Promotion)

Director of Economic Empowerment (Promotion)

Program Coordinator II (Promotion)

Program Coordinator

- Effectively directed all program activities for department programs for all ages.
- Oversee the operations of up to thirty full-time and approximately fifty part-time and temporary staff
- Executed the maximization of over \$3 million programs budgets annually.
- Liaison between the Urban League's Sr. Manager and all program funders, local, county, State, and national.
- Selected, trained, and evaluated staff based on performance.
- Provided guidance and seek new ideas for program implementation.
- Created systems for the effective execution of contract performance goals for all programs.
- Compiled and monitored monthly, quarterly, and annual reports.
- Attended community meetings to represent the Urban League.
- Trained staff in eligibility and case management process for Workforce Investment Act (WIA) and JTPA program.
- Contracted with and prepared three facilities to conduct Summer Youth Program in North, Central, and South Broward County.
- Coordinated job-order request from non-profit agencies, and distributed to centers for job placements based on request and skills of participants.

1996 – 1998 Foundation Health Center, Sunrise, FL.

#### Case Manager. Utilization Review Department

- Conducted telephonic case management and crises intervention with all eligible clients.
- Conducted computer entries of services provided to clients as requested.

1993-1996 Medco Behavioral Health Care, Plantation, FL

#### Case Manager

- Prepared Discharge Plans for patients hospitalized in Mental Health System.
- Conducted Pre-admission evaluation for in-patient hospitalization.
- Crises intervention counseling and followed up with clients.

1989 – 1993 Henderson Mental Health Center, Ft. Lauderdale & Hollywood,

#### Case Manager

- Conducted intake and assessment of patients seeking mental health services.
- Crises intervention counseling.
- Conducted home visits to monitor treatment plan compliance.
- Completed case notes and case plans for case load of over 120 clients



# Revitalizing Our Neighborhood

### Socially, Economically and Physically



#### THE PAIMS OF HALLANDALE BEACH

#### STATEMENT OF INDEMNIFICATION AND WAIVER OF LIABILTY

To the City of Hallandale Beach: In consideration of the grant funds awarded to Palms of Hallandale Beach Weed and Seed/Palms Community Action Coalition (organization) named in this Waiver form for this program, the undersigned organization hereby knowingly, freely and voluntarily RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE THE CITY OF HALLANDALE BEACH, its officers, agents, employees and volunteers from any and all liability or claims which may be sustained by clients or employees directly or indirectly in connection with or arising out of participation in this program/project, whether caused in whole or in part by the negligence of the Palms of Hallandale Beach Weed and Seed/Palms Community Action Coalition (organization) or otherwise.

The undersigned, on behalf of <u>Palms of Hallandale Beach Weed and Seed/Palms Community Action</u>
<u>Coalition</u> (organization), shall indemnify and save harmless the City of Hallandale Beach from and against all judgments, orders, decrees, attorney's fees, cost expense and liabilities arising from or out of such claim, investigation or defense thereof which may be entered, incurred or assessed against the City of Hallandale Beach as a result of the foregoing.

I, THE UNDERSIGNED, HAVE READ THIS DOCUMENT, FULLY UNDERSTAND ITS TERMS AND UNDERSTAND THAT ON BEHALF OF Palms of Hallandale Beach Weed and Seed/Palms Community Action Coalition (ORGANIZATION) DESCRIBED HEREIN, FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ANY AND ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IN ANY PORTION OF THIS DOCUMENT IS HELD TO BE INVALID THE BALANCE NOTWITHSTANDING, SHALL CONTINUE IN FULL LEGAL FORCE AND EFFECT.

Print Name <u>Jessica Sanders</u>	Title <u>Interim Site Coordinator</u>	
$\bigcap$		
Dandens	May 6, 2011	
Signature Authorized Representative	Date	

21 1 1 1 2 2 2 2 2 3 2

# GRANT APPLICATION COVER PAGE

Organization Name: PALMS CENTER FOR THE ARTS
Mailing Address P.O. BOX 3733 Hallandale Beach, Florida 33008
City/State/Zip Code: Hallandale, Florida 33009
Phone. (954) 456-9611 Fax: (954) 456-9611 E-mail: palmscenter4arts@yahoo.com
Name of Contact Person: <u>Stewart Rabin</u> <u>Title:</u> <u>Director</u>
Organization Information
Is the organization incorporated? Yes X□ No □ FEIN <u># 94-3475245</u>
Does the organization have 501c(3) Tax Exemption Status? Yes $\square$ No X $\square$ If no, have you applied? Yes $\square$ No $\square$ If yes, provide a copy with your application.
If no, provide the name of the Fiscal Sponsor <u>Zamar School of Performing Arts</u> Does the organization have a Board of Directors? YesX □ No □
Total # of Board Members 5 # of Staff 3 # of Volunteers1
Does your organization carry Liability Insurance? YesX □ No □ Amount :1,000,000
Proposal Information
Program/Project Name: <u>ARTS-AT-WORK PROGRAM &amp; YOUTH MENTORING</u>
Priority Area Addressed 501 N.W. 1st Avenue Age group 14-21 # to be served 50
Annual Budget \$ 25,000 Amount of Request \$ 50,000 Total Project Cost \$75,000
Source of Current Funding City of Hallandale Beach, Future Foundation, Palms Weed/Seed
Has your organization received funding from the City before? Yes X□ No □ If yes, Amount Funded \$_25,000 Year _2010 # of Residents Served _125 Have you attended the city's Capacity Building Workshops conducted by Mr. Non Profit? Yes X□ No □
Give a brief summary of the Previous Project Funded.
Project funded was the afterschool music/art program that targeted at-risk you; youth learned musical instruments, dance/theatre and display talent during music production.
Authorized Signature of Organization Representative / Date \$\(\xi\)

#### **GRANT APPLICATION**

# 1. ORGANIZATION BACKGROUND INFORMATION (no more than 1 page)

Give an overview of the agency mission and history.

The Palms Center for the Arts is a community based cultural center. Our mission is to nuture and facilitate the empowerment of our community through artistic and cultural expression, mediums, education and programming.

The Palms serves to enrich, educate and entertain community by providing accessible and outstanding arts, family entertainment, performances, leading education programs, contemporary antwork. The center will serve as a productive alternative during the day and afterschool program to ut-risk-youth as an intervention-prevention to drop-out and the judicial system

The purpose of Art-at-Work is to: provide young people, ages 14-21, with job training; to support basic skill development through arts education and application; and to expose young people to careers in the arts.

The Palms Center open during the summer of 2009 and has made an impact in the community and abroad and to generations to come. Its first year art show was featured on channel 7 showcasing local, state, national artist with a corridor of student art-at-work projects which is displayed at the City Hall. The wonderful performance groups has appeared with the Florida A & M University, Marching 100 and special performance at the National Capitol at the Lincoln Memorial, World War 11 and the Whitehouse. Palms Center will be featured this year as the model inner-city afterschool arts program during the Florida League of Cities, Orlando, Florida.

# 2. PROJECT DESCRIPTION (no more than 2 pages)

·Give a general overview of the Program/Project.

Art-at Work, arts education and job training program, in partnership with the City of Hallandale, City of Hallandale Police Department and Broward County Juvenile Court. The program is designed to prevent 14-21 year old youth/young adults who have been identified by the court as truant from becoming more deeply involved in the juvenile justice system. Professional artist provide youth with sequential computer technology. Graphic Design, art, music, recording engineer instruction. Program participants gain job skills and learn about the business and entrepreneurial aspects of the arts and how to market their work. Participants are paid a stipend for their projects and paid \$5-7 an hour

During the academic year, Art-at-Work involves eight hours per week producing artwork combined with academic instruction to assist in the preparation and production of practical work projects. All apprentice artists will learn product presentation and marketing through the involvement with art exhibits that will feature finished products. The program will also provide instruction in the areas of career planning, job retention and job advancement.

All apprentice artists will be required to keep a list of goals and objectives, an inventory of work (which the assistant instructors will monitor) and a journal/sketchbook

The goals of this year-round, afterschool intervention program are fourfold: to reduce truancy by providing sequential arts instruction in various arts disciplines; to teach the business and entrepreneurial aspects of the arts; to provide youth with the necessary job skills to become productive members of the work force; and to provide youth with a sense of accomplishment, thus increasing their self-esteem

The program targets truancy, a status offense, because it is one of the earliest signs of adolescent problem behavior and is often a stepping stone to more serious juvenile delinquency.

Like the other programs in the Youth ARTS Development Project, Art-at-Work employs professional artists as instructors. It is the job of these instructors to expose program participants, referred to within the program as "apprentice artists," to a variety of art forms. During the first year, teenagers received arts instruction in two-and three-dimensional design. Subsequently, the apprentice artists lavishly embellished recycled chairs; created mosaics; designed and installed murals; learned techniques of drawing, painting, and photography; received computer instruction; and studied drama.

The program participants are paid by the hour for their work; in turn, much of the artwork they create is sold, with proceeds from the sales going back into the program. In addition, Art-at-Work participants engage in special arts activities during non-instructional time—visits to local museums, galleries, and theaters.

A social worker serves as a liaison between the probation officers and the youths' families and can provide Artat-Work with referrals for help if a problem is identified. The families of the youths are required by the court to attend orientation sessions and are encouraged to attend exhibits of the youths' work. In addition, parents are welcome to visit the arts sessions.

# • Provide a description of the Issue or Need for your Program/Project? This project is needed to:

- To increase the City of Hallandale graduation rates through goal oriented mentoring.
- To inspire academic achievement by engaging 100+ students in the arts and mentoring programs
- To emphasize the positive and productive power of local music citywide
- To empower disadvantaged youth through tutoring and collaboration
- To foster leadership, respect, self-worth, and individual identity.
- To foster an alternative student drop-out program.
- To establish an alternate program by which NO youth should be allowed to hang out in the streets during morning and afternoon hours

#### · How will your services address the City's Priority Area you selected?

Our services address the City's priority to inspire and transform lives; promote economic vitality and enrich the quality of life for our students and their families

#### · Who will be served and number to be served?

This project will target 50 youth/young adults age 14-21 of every ethnic and cultural background, living at or below poverty level in the City of Hallandale community and surrounding areas 80% of the participates will be Hallandale Residents with a high incidence of juvenile crime, behavior and ..

• Number of Hallandale Beach residents that you will serve. 80% of Hallandale residents will be served others will be students that live in the surrounding areas but attend our Hallandale schools.

#### • How will your services benefit participants?

The program goals are to: teach basic job skills and encourage the development of good work habits; provide sequential arts instruction; raise self esteem through personal self expression; and introduce youth to professional artists and opportunities in the arts

The sense of worth after completing their art, music and CD project

- Learning job skills
- Community recognition for performance, exhibitions or public art works
- To partner with the city and county to hire youth for various projects
- Learning how to use the arts to communicate difficult thoughts and emotions
- To establish Men to Teens mentoring

Our Sound Engineering programs are led by talented teaching artists and amazing volunteers. Together, creating, recording and performing original songs, our participants gain a sense of success while increasing confidence and language arts skills. The sense of worth after completing their music, art and CD project

- Will there be a Fee for services? The Youth in the City of Hallandale Community is assessed a yearly registration fee to participate in yearround art-at-work program.
- Will you provide scholarships or waivers? We do offer scholarship and waivers to low income, underserved poverty level families.

#### · How will the community benefit?

The Arts Program provides opportunity for our community to view art in public places; it humanizes and enhances our public spaces. The Arts Program also acts as an educational tool to help further foster the value of our local community arts. Assure the safety of our residents knowing that the youth in our community are engaged in constructive programs that will challenge them to become productive citizens

Arts program provides emerging/local artists an avenue to expose their art in public places. The program also provides a unique opportunity for the general public to view art at no cost.

#### Other agencies or organizations involved in the project?

This is a list of a few agencies and organization we will partner with for the success of this program

- Palms Weed & Seed provided assistance with on the job training, various youth mentorship seminars and workshops that take place on a weekly or quarterly basis.
- Hallandale Police Department
- We have contracted with school board and certified counselors who are available and offer services to our student when there is a crisis or family and personal needs.
- Broward County Juvenile Court
- Director Program Development, Juvenile Court
- Status Probation Officer Supervisor, Juvenile Court

#### **GRANT APPLICATION**

# 3. METHOD OR STRATEGY FOR IMPLEMENTATION (no more than 1 page)

#### •Describe the specific activities to achieve Goals and Objectives.

All Apprentice Artists will be required to complete a series of assessment surveys and a set number of assignments for each area of study. All apprentice artists will be tested in each area of study at the beginning and again at the end of the program. Participant's performance on work projects and general work habits will be monitored and evaluated during the program by the instructors, artist assistants and the Program Coordinator.

- Who will be responsible for the overall project?
- · What staff will be involved?
- Include potential partners or collaborations
- What is the time frame for implementing the project?
- Provide the locations of where you will provide services.
- · Days and hours of operations.

This will be a year-round project which includes a yearround daily and summer schedule. Daily schedule is Monday-Friday 9:00 a.m-2:00 p.m., 2:00 p.m.-6:00 p.m.-On the job training/internship at local business, corporate office etc. and 6:00 p.m.-8:00 p.m. coordinated by Mr. Stewart Rabin, Rev. Josh Brown, Kevin Billings Ms, Lynda Morah and Broderick Adderley. The onsite staff for the project will be a Program Manager, Program Coordinator, Art-at-work Assistant, Social Worker, and three Artist Instructors. Program participates are given six months to complete each level of the program. Most programs will be held at Palms Center for the Arts.

### 4. EVALUATION OF THE PROJECT (no more than one page)

- •How will you address the issues/s, make improvements or achieve success? We will look to the partnered agencies and organizations to conduct an evaluation and observation of the success of the program.
- What methods will you utilize to measure success or benefits (i.e. attendance, surveys, pre-post test, etc)?
- How often will you evaluate your services? We will evaluate our services on a monthly basis.

The method that will be used to measure the success of the project will be a academic form Use the student's school records from the two semesters immediately prior to the program, the semester the program commenced, and the subsequent semester on each participate, Art Knowledge survey, Pre-Test and Post Test on music and arts knowledge, Youth Survey and Participant Feedback Survey. Students who registration and completed the program and is recommended into other vocational programs or schools of higher learning.

#### GRANT APPLICATION

# 5. SUSTAINABILITY (no more than one page)

- •If you receive 50% of the amount requested how will you operate services? Through other funding, donors and sponsorships
- If you do not receive funding, will you still operate services? What we are asking for is a conservative estimate and if we do not receive any funding many young lives in the North West part of the city will be affected. However, we will assure that this program will continue in our community by whatever means necessary. The program will continue to offer service but with possible limited or cuts in staff and programming.
- What other Funding Sources have you submitted requests for this program/project? We have submitted grant to Community Foundation of Broward
- Have you been funded or received a commitment letter? NO Funds received or commitment letter
- · What is your organization's Sustainability Plan for the next three years?

We will continue to apply for private, state & federal grant funding. This project will be supported by the City of Hallandale, Future Foundation and Weed/Seed. Other than these supporters, fellow artist, music educators and partners are supporting this project. I will continue to apply for grants. I'm also exploring ways to accept donations directly to the project through a fiscal sponsor.

The following is the successful elements of a sustainability plan for Palms Center for the Arts programs which include the following effective practices.

#### Creating public/private partnerships as an important precursor to sustainability planning for afterschool performing arts programs.

We plan to continue to Partner with school districts, community organizations and businesses to help the program pool resources, advocate for funding, and demonstrate credibility to prospective funders.

#### Successful sustainability plans will be entrepreneurial.

- We will Look to a variety of funding sources to support the afterschool program.
- We will look to other sources of public funding, including federal and state programs and grants
- We will seek to obtain private funds which can serve as a catalyst for additional public funding

# Our sustainability plans are characterized by local specificity and will continue to seek local sources of support.

Because successful after school programs are structured to meet the needs of their students, school, and surrounding community it makes sense to seek out local sources of support for them. These funders will be particularly enthusiastic.

This includes funding from, city, and county governments, as well as from community foundations and organizations. The Palms Center works to enhance the quality, availability, and sustainability in partnership with several community-based organizations, school districts and government agencies.

Together with those partners, Palms Center will coordinated curriculum development, organized staff training, sponsored the evaluation of day and after-school performing arts programs within the state and national and helped secure public and private funding for this program

# **GRANT APPLICATION**

6. BUDGET I	<u>NFORMAT</u>	ION	Please fill in	information as requested.			
	PROPOSED PROJECT NAME						
ITEM	GRANT OTHER REQUEST GRANT FUNDS		INKIND	JUSTIFICATION			
Personnel	50,000	0,000		Arts-at-Work Program-3 instructors Students will be exposed to a variety of art forms such as two the dimensional design, techniques in literary and visual arts, photography, computer technology and graphic design  Sound Recording Engineer Studio-1 instructors Students will have hands on experience using recording softwar with inidi and real instrument capabilities. Students will learn he to prepare for a session, record, mix, and edit their own creation well as playing on the recordings.			
Consultants	3,000			Quarterly Workshop			
Supplies	5,500			1. Production props/ Costumes 2. Arts Supplies, Music Books, Camp T-shirts			
Equipment	3,500			3-Computers /software, Mac-Book, 2-USB Microphone, 1USB piano, headphones, cable, speaker monitors, CD			
Travel	5,000		-0-	Educational & Culture Arts events			
Facility/ Rental Fee	1,000						
Marketing	1,500			Promotion and Publicity			
<b>Printing</b>	500						
Outreach&Community Service Programs	5,000			Jazz Café, Music in the Park, Quarterly Arts Walk & Art Shows, Aerobics, Jazzercise, Art Techniques			
TOTALS	\$75,000			TOTAL BUDGET: \$ 75,000			

\* Equipment purchased over \$500 may become the property of the City of Hallandale Beach.

The intent of funding is to provide direct services to residents; therefore Administrative Cost should be kept to a minimum. Please provide the amount or the percentage of Administrative Cost for this budget

#### CERTIFICATION

I certify that the information contained in the Application, including Budget and Attachments (supporting materials) are true and correct to the best of my knowledge.

Signature of Authorized Representative Date

Title

# Palms Center For the Art Board

# Mr. Stewart Rabin, Chair

400 Leslie Drive #506 HallandalE Beach, Florida 33009 (954) 643-0015

# Mr. Ron Maragh, Co-Chair

5916 Madison Hollywood, Florida (954) 9649611

### Dr. Deborah Brown, Artistic Director

712 N.W. 9<sup>th</sup> Ct. Hallandale, Florida (954) 288-5443

## Victoria Ferguson, Executive Secretary

3612 N.W. 194<sup>th</sup> Terr Miami Gardens, Fl 33056

### Rev. Josh Brown, Executive Director

657 N.W. 5<sup>th</sup> Ct Hallandale Beach, Fl 33009

# Wendy Thomas, Treasurer

1017 N.W. 8<sup>th</sup> Street Hallandale Beach, Florida 33009

### Joyce Daniels, Parent Advisory-Chair

2890 Funston Street Hollywood, Florida 33020

# Elizabeth Cartwright, Pubic Relations & Communications-Chair

302 N.W. 7<sup>th</sup> Street Hallandale Beach, Florida

#### Advisor Board

Marian Collie
Commissioner Anthony Sanders
Barbara Southwick
Von Thomas
Rebecca Muden, Parks & Recreation

# FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



No Events

No Name History

#### Detail by Entity Name

#### Florida Non Profit Corporation

PALMS CENTER FOR THE ARTS, INC.

#### Filing Information

Document Number N09000003467

FEVEIN Number 943475245

Date Filed

04/08/2009

State

FL

Status

**ACTIVE** 

Effective Date

04/03/2009

#### Principal Address

501 NW 1ST AVENUE HALLANDALE BEACH FL 33009

#### Mailing Address

P.O BOX 3733 HALLANDALE FL 33008

#### Registered Agent Name & Address

BROWN, DEBORAH R 712 NW 9TH CT HALLANDALE FL 33009 US

#### Officer/Director Detail

#### Name & Address

Title PRES

BROWN, DEBORAH R 712 NW 9TH COURT HALLANDALE FL 33009

Title VPRE

RABIN, STEWART 400 LESLIE DRIVE #506 HALLANDALE FL 33009

Title DIR



#### Consumer's Certificate of Exemption

**CF-14 R. 04/05**03/06/09

Issued Pursuant to Chapter 212, Florida Statutes

85-8013023752C-4 03/31/2009 03/31/2014 501(C)(3) ORGANIZATION

Certificate Number Effective Date Exemption Category

This certifies that

ZAMAR SCHOOL OF PERFORMING ARTS INC 324 FOR RETO HALLANDALE FL 80088 3343

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



#### Important Information for Exempt Organizations

DR-14 A. 04/05

- You must provide all vendors and suppliers with an exemption certificate before making tax exempt purchases.
   See Rulo 12A-1 038, Florida Administrative Code (FAC)
- Your Consumer's Certificate of Exemption is to be used solely by your organization for your organization's customary nonprofit activities.
- Purchases made by an individual on behalf of the organization are 'axable, even if the individual will be reimbursed by the organization.
- 4. This exemption applies only to ourchases your organization makes. The sale or lease to others by your organization of tangible personal property, sleeping accommodations or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, FAC).
- 5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third degree felony. Any violation will necessitate the revocation of this certificate.
- If you have questions regarding your exemption certificate, please contact the Exemption Unit of Central Registration at 850-487-4130. The mailing address is PO BOX 6480, Tallahassee, FL 32314-6480.

From Business Checking

01 2000049137903 036 130 0 37 SAFE (EPT Replacement Statement

PALMS CENTER FOR THE APTS, INC. 501 NW 1ST AVENUE HAULANDAGE BEAC FL 33001300

79

#### Free Business Checking

[5:01 2010 thru 10:29/2010

Account number. 27500491375()3
Account owner(s) PALMS CENTER FOR THE ARTS INC

Account Summary

Opening balance 10/01 3434 12 Deposits and other credits 6 535 63 . 5,994 00 -Other withdrawals and service fees 209 12 -\$5:0 82 Clasing balance 10-29

#### Deposits and Other Credits

Date	Amol :E	Description	
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10 22	500 60	TRANSFERRED FROM ************************************	000001058571004
10,25	130.00	COUNTER DEPOSIT	300003253247235
10'25	100 00	COUNTER DEPOSIT	000003213332219
10 28	135 00	COUNTER DEPOSIT	330004634828692
15, 28	1,500 00	TRANSFERRED FROM *******4954 CCSC R 65005	000031365\$75004

#### Checks

Total

Number	Amount	Date	Number	Amount	Date N	Lumber	Amourt	Cate	
0000	1,125 00	10/04	2000	156 00	10/25	1256*	240 00	10 15	46)4552715 0750737231 524798255
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<sup>\*</sup>Indicates a break in check number sequence

Checks continued on next page

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WACHOVIA BANK , PRESIDENTIAL CIRCLE

page 1 of 3

Fice Business Charking

31 200034917363 636 113 3 31 SAFEKERT 67.3 Replacement Statement

PALMS CENTER FOR THE ARTS INC 501 NW 1ST AVENUE CB RALLANDAUE BEAC FL 330090000

11 10 2010 thru 11/33/2010

Free Business Checking

Account number: 2000049137903
Account owner s). PALMS CENTER FOR THE ARTS, INC

Account Summary

Opening balance 10/30 53-0 80 Deposits and other credits 6 3:5 33 . 6 255 65 -Clesing balance 11/30 51,135 30

#### Deposits and Other Credits

Date	Amount	Description	
11/03	324.00	CCUNTER DESOSIT	0000033234611958
11/09	1 300 00	TECAUST DEFOSIT	000001235254298
11/10	1.000 00	COUNTER DEFOSIT	000003235691232
31/15	1.000 00	COUNTER DEPOSIT	000003235853505
11/19	200 00	CCUNTER DEFOSIT	000003336510761
11/26	2 500 00	COLUMN (RECORD)	000003237347795

Total 56 320 00

#### Checks

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WACHOVIA BANK , PRESIDENTIAL SIRGLE

page 1 of 7

Free Business Checking

PALMS CENTER FOR THE ARTS INC 501 NW 1ST AVENUE RALLANDALE BEAC FL 110090000

**C**S

Free Business Checking

12.51/2010 Enru 12/31/2010

Account number 2000749107903

ADCOUND OWNER (B) PALMS CENTER FOR THE ARTS. INC.

ACCOUNT Summary

Opening palance 12/0: \$1,135.80

Deposits and other credits 1,600 00 +

Cnecks 2.725 00 -

Closing balance 12/31 \$10 80

Deposits and Other Credits

Date Amount Description

12/10 1,500.00 COUNTER DEPOSIT 000001736743984

12 2: 100 00 COUNTER DEPOSIT 000004638573679

Total \$1,600.00

Checks

Number Amount Date Number Amount Date

0000 120.00 12.01 0000 150 00 12/14 1319\* 130 00 12/14 2337863637 1736958521 605352784

0000 200.00 12/06 0000 120 00 12/17 1323\* 430 00 12/22 6658376510 3230558346 173799764

0000 180.00 12,09 0000 100 00 12/22 Total \$2,725.00 3238894662 1157519550

0000 1,125.00 12/10 0013\* 150 00 12/16 52,725.00 1736743969 6456288150

"Indicates a break in their number sequence

Lasty Balance Summary

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 510.80

 12/09
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 12/16
 530 80
 12/22
 10.80

AFTER FEBRUARY 19 2011, THE FREE BUSINESS CHECKING ACCOUNT WILL BE NAMED ESSENTIAL BUSINESS CHECKING ALL OTHER TERMS ON THE ACCOUNT WILL REMAIN THE SAME ON APRIL 1 1011, OVERDRAFT PROTECTION TRANSFERS FROM A SAVINGS OR CHECKING ACCOUNT WILL BE \$12 50 PER TRANSFER

WACHOVIA BANK PRESIDENTIAL CIRCLE

page 1 of 2



# Revitalizing Our Neighborhood

# Socially, Economically and Physically



#### THE PALMS OF HALLANDALE BEACH

May 5, 2011

Dr. Deborah Brown Palms Cultural Arts Center 501 NW 1<sup>st</sup> Ave Hallandale Beach, FL 33009

Dear Dr Brown,

On behalf of the Palms of Hallandale Beach Weed and Seed I would like to thank you for the partnership and quality service you have provided to the Hallandale Beach Community. Your ability to reach youth and adults and transform them through the arts is what is needed in our community.

We know that you have made many efforts to raise funds to support your programs. Since this is the final year of funding through the Federal Government, we support your application for funds to the City of Hallandale Beach to continue programs for youth and adults in our community.

Your work in this community will leave an indelibly legacy for our children to follow.

Sincerely,

Dessica Sanders

Interim Site Coordinator

# Memo

Date: May 9, 2011

To: Whom It May Concern

Re: Palms Center of the Arts - Dr. Deborah Brown

Our family just wanted to give proper recognition to Dr. Brown and the awesome work she has done at the Palms Center of the Arts with our three (3) children. They all have such a great desire in music and the arts but because of our limited financial budget, we weren't able to accommodate their desires to indulge or should we say properly cultivate their talents. It is because of the Palms Center of the Arts that our children have been able to continue doing what they love and travel to various places learning new things and performing with Dr. Brown. The Center has become like their second home because if they aren't at home, we know that they are at the center practicing their violin, drums, saxophone or dance. Dr. Brown keeps them busy. They have performed in parades locally, Tallahassee and Georgía. She has even taken them to Washington, D.C. to perform. If it hadn't been for the Palm Center, our children wouldn't have experienced all that they have and their talent in the arts would not have progressed so vivaciously. She has given them the opportunity to discover more of what was been inside them all along. Thank you Dr. Brown and to all those that help you in making a difference in not only our children but that of those in our community as well! We not only give you 5 stars but 10 stars for the phenomenal work that you all do!

& Mrs. /Tyrone Cornelius



(Phone)

# Samaritan Christian Center

516 NW 4th Avenue Hallandale Beach, Florida Bishop Glenn R. Adderley(Pastor) & First Lady Alicesteen Adderley

954-458-0716

954-458-07. (Fax)

"A Church U here Everybody is Somebody and Jesus Christ is The Only Star"

Date May 9, 2011

To Whom It May Concern

Re Palms Center of the Arts – Dr Deborah Brown

We would like to place a statement of accomplishment regarding Dr. Deborah Brown, founder of the Palms Center of the Arts in the City of Hallandale. The program that she has established has shown great stride in making an astonishing difference in the lives of the youth that participate in the program. We have seen how the children have blossomed into proficient musicians and artists with the help of Dr. Brown and others that work with her. They are developing our youth by finding, cultivating and strengthening the creativity of the Arts that some of them never realized they had and others that knew their love of the arts but had no way of expressing it. We have seen drastic improvements from young men who hung on the corners of the streets of Hallandale that Dr. Brown has taken under her wings and transformed them into young men that have purpose by showing them that there is more to life. Now they are using their new found gifts to pursue scholarships or careers in the vast area of the arts. We would strongly suggest that Dr. Brown should continue her great work that she has been blessed with to help the infinite amount of youths in our community in such a beneficial way.

Sincerely Yours,

Bishop Glenn R Adderley

Pastor

# Instructors & Administrative Staff



#### Mr. Stewart Rabin, Assistant Director

Rabin is a longtime resident of the City of Hallandale, A professional jazz/blues trumpet player, a graduate of Florida International University with a Bachelors Degree in Music Performance and a degree in Music Education from Florida Atlantic University. Rabin has served over 10 years as a music instructor for the school board of Broward County, presently Rabin is a Band Director at McNicol Middle School in Hollywood, Florida. Mr Rabin presently established a Sound Recording Engineer program for at-risk youth in the community and has successfully completed the Voices of Music CD Project consisting of 12 songs written and composes by our youth.



#### Mr. Josh Brown, Executive Director

Josh Brown has served as Director of various city and state committees, President of the Civic Association, Candidate for Commissioner for the City of Hallandale, Campaign Consultant, Director of the Dominion Development Agency, Former Community Liaison for the School Board of Broward County (10) years. Mr. Josh has served as community activist and city support team for over 25 years. Brown is an asset to the operation and management of the organization as Community Laison, Boyz to Men Mentoring program and Guitar instructor

#### Mrs. Lynda Moran-Graphics Design Instructor

Lynda Moran from San Juan Porterico and have been in Broward County since 1974, She is a Graduate of the Art Institute of Ft. Lauderdale a degree in Graphic Designs and Advertising. She has served as a Professional Creative Director for the past 15 years at Duty-Free World Miami, Florida. She is presently the Graphic Design teacher at Palms Center



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	501 NW 1ST AVENUE		INSURER C			
	HALLANDALE BEACH FL 33	nne:	INSURER D			
•	(954) 457-8365		INSURER E			
JOVERAG			INSURER F			
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400 SOUTH FEDERAL HIGHWAY HALLANDALE BEACH, FL 33009

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OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES

AUTHORIZED REPRESENTATIVE

© ACORD CORPORATION 19-13

# nacis on Bank, a division of Trees Bank, N.A.

Essential Business Checking

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PALMS CENTER FOR THE ARTS, INC SCI NW 1ST AVENUE CS HALLANDALE BEAC FL 130090000

#### Essential Business Checking

2 71/2011 Chru 2 23 2011

page : of 2

Account number: 2000049137903
Account owner(s) PALMS CENTER FOR THE ARTS, INC

Account Summary

Opening balance 2/01 \$270 03 Deposits and other credits 1,875.00 + Checks 2,055 ¢û -Closing balance 2/29 \$90 00

#### Deposits and Other Credits

Date	Amount	Description	
2 · 10	50.00	DEPOSIT Wells Pargo Bank D2/10 GULFSTREAM-PK HALLANDALD FL 1021/004978	701102102022460
2,10	250.00	DEPOSIT Wells Fargo Bank 02,10 GULFSTREAM-PK HALLANDALE FL 1021004437	701102107021213
2 11	100 00	DEPOSIT Wells Fargo Bank 31 11 GULFSTREAM-PK HALLANDALE FL 1031C036186	20,1401,2015070
3 11	100 00	DEPOSIT Wells Fargo Bank 02:11 GULFSIREAM-PK PAULANDALE FL 1021C00519"	201101112052500
2/14	1.200 50	TRANSFERRED FROM ************************************	000001742914015
2 - 1 0	150 00	DEPOSIT Wells Fargo Bank 02/16 PEMBRC)S-PAPK HALLANGAUE FU 1021C007495	201102161841525
> 25	25 60	DEPOSIT Wells Fargo Bank 02,25 HOLDYHOOD-HIL HOLDYWOOD HI FD 1021C009602	201102252013290
Total	\$1 875 00		

#### Crecks

Number	<i>₹#₽</i> ₽₽₽	Date Number	2a⊆≎nA	Date Number	Amoun⊑	Date
0000 0000 0000	50 00 150 00 130 00	2 11 1336*	1.125 00 150 00 180 00	2/13	\$2,05\$ 00	0852125970 6556970560 3235754344 6055887490 1733733157 6354653430

<sup>\*</sup>Indicates a break in check number sequence

WACHOVIA BANK , PRESIDENTIAL CIRCLE

Essential Business Checking

07 2000049137903 015 110 2 3 SAPE-EPT Poplacement Stainment 0.73

Daily Balance Summary

Dates	Arrount	Cares	Amount	Dates	Amount
02/09 02/10	220.00 370.00		420 00 95.00		115 00

Customer Service Information

For questions acout your statement or billing errors, contact us at.

Phone Number Address

Business Checking, CheckCard & Loan

Actounts #00-566-3962 #ACHOVIA BANK
ThD (For the Hearing Impaired) #19-389-2234 E.119-020
Commercial Checking & Loan Accounts #100-222-3862 P. BOX 563966
CHARLOTTE NO 29256-3966

In Case of Errors or Questions About Your Electrinic Transfers Telephone us at 803-222-3862 or write to is at WACHCYIA BANK, Dille-12D P D BOX 563966 CHAPICTIS NC 28256-3966, as soon as you can if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appraised. appeared.

Tell us your name and account number (if any)

1 Tell us your name and account number ist any:
2 Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information
3. Tell us the dollar amount of the suspected error

the will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will predit your account for the amount you think is in error. You will have use of the money during the time it takes us to complete our investigation.

Wachdwill Bank and Wachbyla Bank of Delawise are divisions of Wells Fargo Bank, N.A. Member PCIC

## Nachovia Bank a division of Will Frego Bank N.A.

## 2ND PRICE CYCLE ACTIVITY

05/11/11

PALMS CENTER FOR THE ARTS, INC 501 NW 1ST AVENUE HALLANDALE BEAC FL 330090000	ACCT NBR 2000049137903 PROD DESC ESSENTIAL BUS CKG
	STMT DATE 03/31/2011 STMT AMT 1222.22+
03/25/2011	DAILY BAL 157.29-
400.00+	TRANSFERRED FROM *******4954 CCSC: R 65143
03/29/2011	DAILY BAL 242.71+
	DEPOSIT Wells Fargo Bank 03/29 GULFSTREAM-PK HALLANDALE FL 1021C008303
180.49-	CHECK DAILY BAL 142.22+
03/31/2011	DEPOSIT Wells Fargo Bank 03/31
45.00+	GULFSTREAM-PK HALLANDALE FL 1021C008876
1,000.00+	TRANSFERRED FROM *******4954 CCSC: R 65127
35.00+	INSUFFICIENT FUNDS/OD FEE REFUND
	DAILY BAL 1,222.22+

\*\*\* INCLUDES TRANSACTIONS POSTED FROM 03/01/2011 TO 03/31/2011 \*\*\*

\*\*\* INFORMATIONAL COPY ONLY - NO ENCLOSURES \*\*\*

## Wachovia Pank u division w. Walla Fargo Book N. A.

1ST PR	RIOR CYCI	E ACTIVITY				05'11/11
PALMS CENTER FOR THE ART 501 NW 1ST AVENUE HALLANDALE BEAC FL 33009				NBR DESC	200004913 ESSENTIA	37903 L BUS CKG
			STMT STMT		04/29/20	362.22+
04/01/2011				DAILY	BAL	1,222.22+
1350 2	200.00-					
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<sup>\*\*\*</sup> INCLUDES TRANSACTIONS POSTED FROM 04/01/2011 TO 04/29/2011 \*\*\*

\*\*\* INFORMATIONAL COPY ONLY - NO ENCLOSURES \*\*\*

## Wachovia Beak, a division of Wells Farzo Peak, N.A.

#### 1ST PRIOR CYCLE ACTIVITY

05/11/11

PALMS CENTER FOR THE ARTS, INC 501 NW 1ST AVENUE	ACCT NBR 2000049137903 PROD DESC ESSENTIAL BUS CKG
HALLANDALE BEAC FL 330090000	
	STMT DATE 04/29/2011 STMT AMT 362.22+
04/25/2011	DAILY BAL 357.22+
	DEPOSIT Wells Fargo Bank 04/25 HOLLYWOOD-HIL HOLLYWOOD HI FL 1021C008977 DAILY BAL 432.22+
04/26/2011	DRIDE 150,22
1355 285.00	CHECK
	DAILY BAL 147.22+
04/27/2011	
1341 100.00	CHECK
	DAILY BAL 47.22+
04/29/2011	
600.00	TRANSFERRED FROM *******4954  CCSC: R 65190
1674 180.00	- CHECK
1673 105.00	- CHECK
	DAILY BAL 362.22+

<sup>\*\*\*</sup> INCLUDES TRANSACTIONS POSTED FROM 04/01/2011 TO 04/29/2011 \*\*\*

\*\*\* INFORMATIONAL COPY ONLY - NO ENCLOSURES \*\*\*

# CITY OF HALLANDALE BEACH FY 2012 COMMUNITY BASED ORGANIZATIONS GRANT FUNDING

## GRANT APPLICATION COVER PAGE

Organization Name Lampkin"s Creative Arts 4 All
Mailing Address 222 South Dixie Highway
City/State/Zip Code Hallandale Beach, FL 33009
Phone (954) 573 5137 Fax (954) 456 0755 E-mail lampca4all@yahoo.com
Name of Contact Person <u>Lowell Lampkin</u> Title <u>Director</u>
Organization Information
Is the organization incorporated? Yes X No 🗀 FEIN#
Does the organization have 501c(3) Tax Exemption Status? Yes □ No X
If no, have you applied? Yes □ No X If yes, provide a copy with your application.
If no, provide the name of the Fiscal Sponsor
Total # of Board Members # of Staff# of Volunteers
Does your organization carry Liability Insurance? Yes X No □ Amount
Proposal Information
Program/Project Name Intergenerational Community Bridging the Gap
Priority Area Addressed Cultural Arts Age group 5- Adults # to be served 100
Annual Budget \$60,000_ Amount of Request \$_\$58,300Total Project Cost \$_65,000
Source of Current Funding Students/Personal
Has your organization received funding from the City before? Yes □ No X
If yes, Amount Funded \$ Year# of Residents Served
Have you attended the city's Capacity Building Workshops conducted by Mr. Non Profit?  Yes X. No □
Give a brief summary of the Previous Project Funded. DNA
Authorized Signature of Organization Representative Julian Date 5 19 30

## CITY OF HALLANDALE BEACH FY 2012 COMMUNITY BASED ORGANIZATIONS GRANT FUNDING

### **GRANT APPLICATION**

## 1. ORGANIZATION BACKGROUND INFORMATION (no more than 1 page)

Lampkin's Creative Arts 4 All is a plethora of all of the performing arts. The art of singing, dancing, and theatre arts is a major component of our social and cultural design, and has impacted the lives of both young and older generations. In our everyday activities, the arts are being used in one way or another. Music is an integral part of all of the commercial industry, dancing has dominated the television ratings, and the love of theatre has returned and is being appreciated in cities and states that have never considered entertaining the arts. Music touches every facet of our lives, giving us hope in moments of despair, ecstasy in moments of passion, victory in struggle and courage in conflict. There are many benefits to the arts that will attract people from many backgrounds and interests.

Lampkin's Creative Arts 4 All is dedicated to fostering the development of the talents and gifts of the community. As proponents of the arts and dedicated professionals, we are committed and devoted to bringing innovative and dynamic instruction to the community. Additionally, we seek to offer our services in a very affordable and economical manner conducive to the present economy. We are a very talented, creative, and diverse staff of educators and professionals with a passion to share and impart. Our participants are a melting pot of many cultures and ages.

## 2. DESCRIPTION OF PROGRAM/PROJECT (no more than 2 pages)

The Intergenerational Program at Lampkinn's Creative Arts 4 All will be available to present and provide performing arts services for the community which includes music, theatre, and dance. An intergenerational program is one that brings together individuals of different ages as partners to explore, study, and work towards a shared goal. These programs will be youth serving older adults, older adults serving youth, or youth and older adults serving together. One example of intergenerational programs are: children youth and older adults performing in a community music/theater group.

The project will target youth and adults ages 5 to Adult senior citizens. The group will consist of every ethnic and cultural background in the City of Hallandale Beach and surrounding areas.

We will push pass generational barriers and build strong intergenerational relationships through cultural Arts!

We will serve 75 - 100 Hallandale Beach residents with a variety of soci economic and varied cultural orgins which will also include "special needs", adults and youth, as well.

The benefits of Intergenerational relationship to seniors:

- 1) Give seniors a sense of purpose in life
- 2) Invigorate and energize older adults
- 3) Reduce the liklihood of depression
- 4) Strenthens the immune system in General
- 5) Fill a social need for older adults who may not have family or grandchildren around them. Benefits of Intergenerational relationships to children and youth:
- 1) Help allevite any fear that children or youth may have of older adults
- 2) Help children to understand and later accept the process of aging
- 3) Fill a void for children/youth who do not have their own grandparents with them.
- 4) Strengthen emotional and social intelligence.

We are receiving support from the Human Servicies Department of the Hepburn Center and Hallandale High to provide individuals, space, and performance opportunities in the community.

Projects will take place in a wide variety of community settings including, nursing homes, day centers, schools, community centers, and cultural organizations. Groups normally will meet on a weekly basis, during the school day, after-school, or during the holidays. We also provide training on a consultancy basis.

Participants were invited to share their talents and ideas with a wide audience, through exhibitions, performances, through the media, conferences and other public events.

The program provides new arts opportunities, particularly for older people who need additional access mainstream provision, and is designed specifically to reduce isolation, and feelings of uselessness amongst elders, particularly those at risk of social exclusion. A creative think tank consisting of local people including participants and professionals with an interest in intergenerational work.

Intergenerational community is an effective vehicle for strengthening community infrastructure and ensuring community sustenance. It serve to preserve community culture, knowledge and traditions. Though challenging, it can lead to greater respect, understanding and compassion among generations.

CITY OF HALLANDALE BEACH FY 2012 COMMUNITY BASED ORGANIZATIONS

#### GRANT FUNDING

#### GRANT APPLICATION

## 3. METHOD OR STRATEGY FOR IMPLEMENTATION (no more than 1 page)

We will offer Winter, Spring and Summer Intensive programs while maintaining an active program of the Arts during the year. The camp will be coordinated by Lowell Lampkin, a 57 year resident of the city of Hallandale Beach. Lowell is a retired school teacher of Broward County, who has served in the community, at Hallandale High School for over 32 years.

Phyllis Jones, the assistant co-ordinator and a music teacher at Hallandale High School, will direct vocal and theatre activities. Other consultants and professional artist will provide instruction and directons for the participants and community. The Hepburn Center Human Services, Lampkins Creative Arts 4, and Hallandale High will provide space and participants where we can implement and produce performances that will enhance the community. Participants were invited to share their talents and ideas with a wide audience, through exhibitions and performances.

## 4. EVALUATION (no more than 1 page)

We will have participants keep personal journals to record their—project related experiences and perceptions. Distribute pre- and post- project questionaires designed to detect affective, cognitive, and behavioral changes in the participants. Obtain feedback from family members to gauge project impact on participants and community. Instructor will evaluate the skill levels obtain by each participants. Evaluation will be an on going process.

## FY 2012 COMMUNITY BASED ORGANIZATIONS GRANT FUNDING

## **GRANT APPLICATION**

## 5. SUSTAINABILITY (no more than 1 page)

If we do not receive funding we will also offer nominal fees to supplement our programs. We plan to sustain the program by developing partnerships with the local schools, business, and establishments in the surrounding area. We have a working relationship with the Hepburn Center of Human Services Department and Hallandale High School. Fund raising projects with local support of business and the surrounding community will be implemented.

## CITY OF HALLANDALE BEACH FY 2012 COMMUNITY BASED ORGANIZATIONS GRANT FUNDING

## **GRANT APPLICATION**

6. BUDGET INFORMATION P	Please fill in information as requested.
-------------------------	------------------------------------------

## PROPOSED PROJECT NAME:

	GRANT	OTHER		
ITEM	REQUEST	GRANT FUNDS	INKIND	JUSTIFICATION
Personnel Cost	30,000.00			1Director; 2 Co directors;3 instructors;Secretary; Accountant
Consultants	\$4000.00			Music Consultants: Dance
Supplies	1200.00			Office; Music supplies;sound tracs, etc
Equipment*	3000.00			Chairs; mats; theatrical supples
Travel	6,000			
Facility Rental/Fees	6000.00			Cultural Center;
Marketing	3500.00			newspaper ads; radio ads; Media
Printing	3000.00			Brochure; flyers;
Other (specify)	600.00			Curtain BackDrops www.CharlesStewart.com
TOTALS	58,300.00			TOTAL BUDGET:

\* Equipment purchased over \$500 may become the property of the City of Hallandale Beach.

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I certify that the information contained in the Application, including Budget and Attachments (supporting materials) are true and correct to the best of my knowledge.

Signature of Authorized Representative

Date



JPMorgan Chase Bank, N.A. PIO Box 359754 San Antonio, TX 78265 - 9754 February 01, 2011 through February 28, 2011

000000 Account Number

### CUSTOMER SERVICE INFORMATION

Web site: Service Center Hearing Impaired:

Chase.com 1-800-242-7338 1-800-242-7383

Para Espanol<sup>1</sup>

1 888 622-4273

International Calls

1-713-262-1679

00023849 CRE 021219 06011 - NINNANNINNIN 1 000000000 61 0000 LAMPKIN'S CREATIVE ARTS 4 ALL LLC 222 \$ DIXIE HWY HALLANDALE FL 33009

## CHECKING SUMMARY Chase BusinessClassic

Beginning Balance	INSTANCES	AMOUNT \$62.97
Deposits and Additions	11	1, <b>75</b> 7,50
Checks Paid	27	- 1,000 00
ATM & Debit Card Withdrawals	13	- <b>4</b> 40 83
Electronic Withdrawals	4	- 313.94
Ending Balance	55	\$65.70

Your monthly service fee was waived because you had at least 5 debit card purchases during the statement period.

## **DEPOSITS AND ADDITIONS**

DATE	DESCRIPTION	AMOUNT
02/02	Deposit 765011615	\$190.00
02/04	Deposit 210945028	140 00
02/07	Ocposit 210945029	250 00
02/08	ATM Cash Deposit	90 00
02/08	ATM Check Deposit	80 00
02/10	Deposit 210945032	170 00
02/14	ATM Cash Deposit	360 00
02/14	ATM Check Deposit	40.00
02/22	Deposit 210945030	262 50
02/23	ATM Cash Deposit	90 00
02/28	ATM Check Depasit	

Total Deposits and Additions



000000 Account Number

## CHECKS PAID

CHECK NO.	DESCRIPTION	DATE PAID	AMOUNT
1091 ^		02/14	\$25,00
1092 4		02/14	50 00
1093 ^		02/14	<b>2</b> 5 00
1094 ^		C2/22	50 00
1095 ^		02/18	25 00
1095 ^		62/18	25 00
1098 * 1	02/19	02/22	50 00
1099 ^		02/22	50 00
1100 ^		02/23	50 00
1101 ^	02/23	02/23	25 00
1102 ^	02/23	02/23	50 00
1103 ^	02/25	02/25	25 00
1104 ^		02/28	100 00
1106 * ^		02/28	25 00
1107 ^	<del></del>	02/25	50.00
1108 ^		02/28	25.00
1109 ^	<del></del>	02/28	5C 00
1138 * ^		02/11	25 00
1141 * ^		02/04	25 00
1143 ` ^		02/04	25 00
1144 ^	02/04	02/04	25 00
1145 ^		02/07	25 00
1146 ^	<del></del>	02/14	50 00
1147 ^		02/11	25 00
1148 ^	02/11	02/11	5D 00
1149 ^	02/11	02'11	25 00
1150 ^	02/14	02/14	25 00

**Total Checks Paid** \$1,000.00

If you see a description in the Checks Paid section, it means that we received only electronic information about the check, not the original or an image of the check. As a result, we're not able to return the check to you or show you an image.

## ATM & DEBIT CARD WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
02/02	Recutring Card Purchase 02/02 Metropos Recurring 888-8Metro8 TX Card 5473	\$45 60
02/04	Card Purchase With Pin 02/04 Kmart 3818 Hollywood FL Card 5473	23.31
02/07	Card Purchase 02/04 likea Sunrise Sunrise FL Card 5473	11 64
02/07	Card Purchase With Pin 02/04 Ikea Sunrise Sunrise FL Gard 5473	24 7?
02/07	Card Purchase With Pin 02/05 Wal-Mart Store Hallandale FL Card 5481	42 89
02/14	Card Purchase With Pin 02/12 Wal-Mart #1996 Hallandale FL Card 5473	54.90
02/18	Gard Purchase 02/16 Music Arts Enterpris FT Lauderda FL Card 5473	24 63
02/22	Card Purchase With Pin 02/19 Wal-Mart #1996 Hallandale FL Card 5473	26.47
02:22	Card Purchase With Pin 02/21 Wai-Mart #1996 Hailancale FL Card 5473	42 39

<sup>\*</sup> All of your recent checks may not be on this statement, either because they haven't cleared yet or they were listed on one of your previous statements

An image of this check may be available for you to view on Chase com-



·———————————	DWITHDRAWALS		TAUCOMA
DATE DESCRIPTION D2/22 Card Purchase With P	n 02/21 Wal-Mart Store Hallan	dala E: Card 5473	25 19
			2163
02/22 Card Purchase With Pin 02/21 Big Lots #01519 Hallandale FL Card 5473 02/23 Card Purchase With Pin 02/23 Target T1074 Aventura Aventura FL Card 5473			57.05
<del></del>	02:23 Oriental Trading CO 800-	_ <del></del>	4096
Total ATM & Debit Card Witho			\$440.83
ELECTRONIC WITH	IDRAWALS		
DATE DESCRIPTION			AMOUN
02/01 ADT Security Paym	ent_ 0000000008341072 CCD I	D: 6851136515	\$4769
02/14 02/14 Online Payment	1005570433 To Eti Financial		8778
<del></del>	t 523192725322Flp Web ID.	<del></del>	130*6
02/28 ADT Security Paym	ent 000000008341072 CCD	D: 3851136515	<b>4</b> 7.69
Total Electronic Withdrawals			<b>\$</b> 31 3.94
·—·	·		
DAILY ENDING BA	LANCE	<del></del>	
DATE	THUOMA	DATE	AMOU
02/01	\$*5.28	02/14	644 9
02/02	160 28	02/17	5142
02/04	201 97	02/18	439 5
02/07	347.67	02/22	436
02/08	517.67	02/23	344
02/10	687 67	02/25	228
02/1:	562 67	02/28	65
SERVICE CHARG	E SUMMARY		
TRANSACTIONS FOR SERVICE FEE	CALCULATION I	NUMBER OF RANSACTIONS	
Checks Paid / Debits		43	
Deposits / Credits		8	
Deposited Items		25	
Transaction Total	<del>-</del>	76	
SERVICE FEE CALCULATION		AMOUNT	
Service Fee		\$0.00	
Service Fee Credit		\$0.00	
Net Service Fee	<del></del> 1	\$0.00	
Excessive Transaction Fees	(Above 0)	\$0.00	



JPMorgan Chase Bank N A P G Box 659754 San Antonio TX 78265 - 9754 March 61, 2011 through March 31, 2011

Account Number 0000000

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#### CUSTOMER SERVICE INFORMATION

 Wate site.
 Chase.com

 Service Center:
 1-800-242-7338

 Hearing Impaired
 1-800-242-7383

 Para Espanol
 1-888-622-4273

 International Calls:
 1-713-262-1679

00024034 DRE 021 219 09111 - NNANNANNAN 1 0000000000 61 0000 LAMPKIN'S CREATIVE ARTS 4 ALL LLC 222 S DIXIE HWY HALLANDALE FL 33009

## CHECKING SUMMARY

Chase BusinessClassic

Beginning Balance	INSTANCES	AMOUNT \$65,70
Deposits and Additions	13	1,550.00
Checks Paid	28	- 912 01
ATM & Debit Card Withdrawals	7	- 192.91
Flectronic Withdrawals	2	- 135.47
Fees and Other Withdrawals	1	- 76 75
Ending Balance	54	\$298.56

Your monthly service fee was waived because you had at least 5 depit card purchases during the statement period

## **DEPOSITS AND ADDITIONS**

DATE	DESCRIPTION	TAUOMA
03/01	Deposit 210945031	\$100.00
03/01	Deposit 862487943	40 00
03/02	ATM Cash Deposit	127.00
03/02	ATM Check Deposit	90 CO
03/08	ATM Check Deposit	90 00
03/08	ATM Cash Deposit	45 CO
03/11	Deposit 855665321	240 60
03/11	Deposit	210 00
03/17	ATM Check Decosit	40 00
03/17	ATM Cash Deposit	40 03
03/23	ATM Check Deposit	160 00
03/25	ATM Cash Deposit	140 03
03/28	ATM Check Deposit	80 ni
03/29	Deposit 765011617	58 00
03/30	ATM Check Deposit	50 00
03/30	AIM Cash Deposit	40.00



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## CHECKS PAID

CHECK NO.	DESCRIPTION	OATE PAID	AMCUNT
1105 ^	03/03	03/03	\$2500
1110 * ^		03/04	5000
1111 ^	03/03	03/03	2500
1112 ^	03/15	03/15	25 00
1114 • ^		03/07	25 00
1115 ^	<del></del>	03/04	2500
1116 ^		03/07	25 00
1117 ^		03/07	50.00
1118 ^	<del></del>	03/09	5000
1119 ^	<del></del>	03/11	2500
1120 ^	03/15	03/15	50.00
1151 * ^		03/11	2500
1152 ^		03/17	2500
1153 ^	03/16	03/16	5000
1154 ^	<del></del>	03/11	4000
1155 ^		03/14	2500
1156 ^		03/17	2500
1157 ^	03/18	03/18	40 00
1158 ^		03/21	7 00
1159 ^	03/18	03/18	25 00
1160 ^		03/18	50 00
1161 ^		03/25	25 00
1162 ^		03/23	50 00
1163 ^		03/24	25 00
1164 ^	<del></del>	03/31	25 01
1165 ^	_	03/28	25 00
1166 ^		03/28	50 00
1167 ^	_	03/28	25 00

Total Checks Paid \$912.01

If you see a description in the Checks Paid section, it means that we received only electronic information about the check, not the original or an image of the check. As a result, we're not able to return the check to you or show you an image

## ATM & DEBIT CARD WITHDRAWALS

<b>DATE</b> 03/02	DESCRIPTION  Recurring Card Purchase 03/02 Metropos Recurring 888-8Metro8 TX Card 5473	AMOUNT \$45.00
03/14	Card Purchase With Pin 03/12 Htb #0244 Halla 1403 Hallandale FL Card 5473	23 :5
03/15	Card Purchase With Pin 03/15 The Home Depot 6310 Hollywood FL Card 5473	12 55
03/15	Card Purchase With Pin 03/15 Wal-Mart Store Hallandale Ft, Card 5473	37 86

<sup>\*</sup> All of your recent checks may not be on this statement, either because they haven't cleared yet or they were listed on one of your previous statements

An image of this check may be available for you to view on Chase com.



Service Fee Credit

Net Service Fee

March 01, 2011 through March 31, 2011
Account Number 000000

DATE	DESCRIPTION	<del></del>	AMOUNT
03/17	Card Purchase With Pin 03/17 The Home D	epot 6310 Hollywood FL Card 5481	9.53
03/24	Card Purchase With Pin 03/24 Office Max 1	771 E Hal Hallandale FL Card 5473	47.70
03/28		0563 Q9 Hallandale FL Card 5473	17 12
Total A	ATM & Debit Card Withdrawals		\$192.91
ELE	CTRONIC WITHDRAWALS		
DATE 03/15	DESCRIPTION 03/15 Online Payment 1030978086 To Eti Fi	de Carlos	AMOUNT \$87.78
03/30	ADT Security Payment 0000000083410	_ <del>_</del>	47 69
Total E	lectronic Withdrawals	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	\$135,47
			<b>3</b> 100.41
FEE	S AND OTHER WITHDRAWA	ILS	
DATE	DESCRIPTION		AMOUNT
03/01		D_1410216800_	<u>\$76.75</u>
Total F	Fees & Other Withdrawals		\$76.75
DAI	LY ENDING BALANCE		
DATE	AMOUNT	DATE	AMOUNT
03/01	\$128 95	03/17	230 08
03/02	300 95	03/18	115 08
03/03	250 95	Q3 <sub>2</sub> 1	108 08
03/04	175 95	03/23	218 08
03/07	75 <del>9</del> 5	03.24	145 38
03/08	210 95	03/25	120 38
03/09	160.95	03/28	223 2
03/11	520 95	03:29	281.2
03/14	472 80	03/30	323 5
03/15	259.61	03/31	298 5
03/16			
SEI	RVICE CHARGE SUMMARY		
TOANG	SACTIONS FOR SERVICE FEE CALCULATION	NUMBER OF TRANSACTIONS	
Checks Paid / Debits		36	
Deposits / Credits		11	
Deposited Items		28	
Trans	saction Total	75	
SERVI	CE FEE CALCULATION	TOPMA	
Service Fee		\$0 00	
		<b>60.00</b>	

\$0.00

\$0.00



JPMorgan Chase Bank, N A P O Box 659754 San Antonic, TX 78265 - 9754

#### CUSTOMER SERVICE INFORMATION

Wap sils.	Chase.ccm
Service Center	1-800-242-7338
Hearing Impaired.	1-800-242-7383
Para Espanci:	1-888-622- <b>4</b> 2 <sup>7</sup> 3
international Calls	1-713-262-1679

80024357 DRE 021 219 12011 - NNNNNNNNNNN 1 C0CCCCCCC 51 0000 LAMPKIN'S CREATIVE ARTS 4 ALL LLC 222 S DIXIE HWY HALLANDALE FL 33009

#### Chase BusinessClassic CHECKING SUMMARY INSTANCES AMOUNT Beginning Balance \$298.56 Deposits and Additions 9 4,345.00 Checks Paid 19 - 850.00 ATM & Debit Card Withdrawals 12 - 487.82 Electronic Withdrawals - 87 78

\$3,217.96

Your monthly service fee was waived because you had at least 5 cebit card purchases during the statement period.

41

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DEPOSITS	$\neg$	$\sim$	,,,,,,,

**Ending Balance** 

DATE	DESCRIPTION	AMOUNT
04/06	Deposit 856167611	\$382.00
04/12	Deposit 85736/871	192 00
04/13	Deposit 170794110	150 00
04/19	ATM Check Deposit	66 00
04/20	ATM Check Deposit	85.00
04/20	ATM Check Deposit	45.00
04/22	ATM Check Deposit	205.00
04/22	ATM Cash Deposit	40 00
04/27	Deposit 878659961	3,180 00

**Total Deposits and Additions** 

\$4,345.00



## CHECKS PAID

Total Checks Paid

CHECK NO.	DESCRIPTION	DATE PAID	AMOUNT
1168 ^		04/04	\$25 00
1169 ^		04/04	50 00
1170 ^		04/04	50 30
1171 ^		Ð4/11	50 00
1172 ^	04/13	04/13	50 00
1174 • ^		04/07	65 ¢0
1175 ^		04/11	50 00
1176 ^	04/15	04/15	50 00
1178 * ^	04/13	04/13	25 VO
1180 * ^		04/28	40 30
1181 ^		04/07	50 00
1182 ^		04/18	50 00
1183 ^	34/19	04/19	50 00
1184 ^	04/20	04/20	25 00
1185 ^		C4/28	45 DO
1186 ^		04/21	50 00
1187 ^		C4/25	50 00
1189 * ^	04/29	C4/29	50 00
1192 * ^	04/29	C4/29	25 00

If you see a description in the Checks Paid section, it means that we received only electronic information about the check,

## ATM & DEBIT CARD WITHDRAWALS

DATE	DESCRIPTION		AMOUNT
04/04	Card Purchase	04/02 The Home Depot #6341 Davie FL Card 5473	\$8 90
04/04	Recurring Card Pu	irchase 04/02 Metropos Recurring 888-8Metro8 TX Card 5473	45 00
04/06	Card Purchase	04/04 Music Arts Enterpris FT Lauderda Fil Card 5473	/8 90
04/11	Card Purchase Wi	th Pin 04/09 Wal-Mart #1996 Hallandale FL Card 5473	32.15
04/13	Card Purchase	04/12 Abe Music Inc North Miami FL Card 5473	25 00
34/13	Card Purchase	04/12 AT&T Qd Flp 800-331-0500 GA Card 5473	83 45
34/18	Card Furchase	04/16 Racetrac491 000049 Pembroke PA FL Card 5473	41 17
04/18	Card Purchase W	ith Pin 04/16 The Hume Depot 6310 Hollywood FL Card 5481	9 70
04/22	Card Purchase W	ith Pin, 04/22 Big Lots #015.19 Hallandale FL Card 5473	39 22
04/25	Card Purchase	04/22 Hallandale Creative P Hallandale FL Card 5473	59 36
04/25	ATM V/ithdrawal	04/23 509 W Hollancale Beac Hallandale FL Card 5473	60 00
04/25	Card Furchase W	ith Pin 04/25 Wal-Mart Store Hallandale FL Card 5473	4 97

\$850.00

not the original or an image of the check. As a result, we're not able to return the check to you or show you an image.

All of your recent checks may not be on this statement, either because they haven't cleared yet or they were listed on one of your previous statements.

<sup>^</sup> An image of this check may be available for you to view on Chase com



Deposits / Credits Deposited Items

Transaction Total

Service Fee Service Fee Credit

Net Service Fee

**Total Service Fees** 

SERVICE FEE CALCULATION

Excessive Transaction Fees (Above 0)

April 31, 2011 Inraugh April 29, 2011 Account Number 00000

DATE DESCRIPTION 04/15 04/15 Online	Payment 1056016390 To Eti Fina	ncial	AMOUNT \$87.78
Total Electronic With	ndrawais		\$87.78
DAILY ENDIN	IG BALANCE		
DATE	AMOUNT	DATE	AMOUNT
04/04	\$119 66	04/19	11151
04/06	422 76	04/20	21651
04/07	307.76	04.21	16651
04/11	175 61	04/22	37229
04/12	367 6°	04:25	19796
04/13	334 16	04/27	3,377.96
C4/15	196 38	04/28	3,29296
04/18	161 51	04/29	3,21796
SERVICE CH	ARGE SUMMARY		
TRANSACTIONS FOR SE	RVICE FEE CALCULATION	NUMBER OF TRANSACTIONS	

В

18

57

TNUOMA 00 00

\$0.00

\$0.00

\$0.00



Bepartment of State

I certify the attached is a true and correct copy of the Articles of Incorporation of DIZZY FINGERS SCHOOL OF EXCELLENCE, INC., a Florida corporation, filed on July 30, 2009, as shown by the records of this office.

The document number of this corporation is N09000007425.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capitol, this the Thirty-first day of July, 2009

CR2EO22 (01-07)

Rurt S. Browning Secretary of State

## RESUME

Lowel! Lampkin 401 Northwest 2<sup>nd</sup> Avenue Hallandale Beach, FL 33009 (954) 456-0755

## **EDUCATION**

Florida A & M University Tallahassee, Florid Bachelor of Science in Music 1975

Florida State Teachers Certification 1975 Present

Florida Memorial University, Miami, Florida Masters in Education, 2005

## **EMPLOYMENT**

Oct. 1975-2008

Choral Teacher and Director, School District of Broward County Hallandale High School, Hallandale, FL.

Duties: in compliance with the Florida State Teachers requirements for the music discipline to facilitate the acquisition of knowledge as it relates to music theory, practice, and application; Display students music and vocal development through a variety of annual and special performances to include the Miami Heat, Miami Dolphins, American Express, Bethune Cook man University, Florida A&M University, Florida

	Atlantic University, Bishop TuTu Martin Luther King Celebrations, and the Broward County Fair.
1995 – 1999	Hallandale Citywide Community Choir
1980 - 2000	Minister of Music and Choir Director, Hallandale Church of God,
Jan 2001 -2005	Hallandale, Florida Minister of Music and Choir Director, Words of Life Fellowship Center, Miami
2001-Present	Believers in the Blood Prison Outreach
2008- present	Director and founder of the Alumni and Friends Choir
2007-present	Minister of Music and Choir director, Hallandale Church of God Hallandale, FL.
	OTHER ACTIVITES
	MADDAD Community Choir (Youth)
	Music Director of the Vinette Carol Theatre Production
	Music Director - Florida Atlantic University Multicultural Division

## Phyllis Jones

4240 Southwest 26th Hollywood, Ft. 33023 (C) 954.822 2915

#### CORE COMPETENCIES

Ol Proficient Educator

02 Project and Production Oriented 06 Prolific facilitator

03 Excellent Leadership skills

04 Motivated and Driven

05 Excellent writer/producer

07 Professional vocalist

08 Excellent mentoring skills for youth

programs

Mission Educate, enhance, and empower the youth of today

Statement: through mentoring, music, and other aspects of

> interdisciplinary avenues, I believe the right elements of interdisciplinary factors can open doors to help motivate and foster our youth towards a positive learning attitude

and outlook on education.

Qualifications: I have twenty years of teaching in areas of creative arts, performing arts, interdisciplinary arts, theatre, music seven years in a general education environment including ESE students who were placed in mainstream classroom environment. Additionally, I have twelve plus years of experience in accounts payable, accts receivables. import/export shipping, and commercial banking experience.

Nova Southeastern University, Ft. Lauderdale, Fl.

M.S. degree in Education - Interdisciplinary Arts - Music Education: Concentration with Music emphasis - GFA 3.5

Florida Memorial College, Miami, Fl

B.A. degree in Pop Music - Vocal Concentration Magna cum laude honors - GPA 3.899

Employment History

08-09 to Present Chorus Director/Teacher

Hallandale All Magnet High School

720 N.W. Ninth Avenue, Hallandale Bch. Fl. 33023

Responsibilities include:

Daily Strategies in teaching music theory music history, teaching choral techniques, vocal techniques, preparing and creating choral arrangements for repertoire for concerts, special events and community events. Developing special rocal ensemble groups for performances and theatrical events. Collaborating with band on concert repetitive and joining the ban

on special events. Developing claus work for music theory mastery pedagogy in basic musicianship and vocal pedagogy.

Lampkins Creative Arts 4 All Vocal Dept. Director/Instructor 222 Dixie Hwy., Hallandale, Ft. 33009

Responsibilities included:

Teaching vocal techniques, vocal warm-ups, vocal pedagogy and health education. Preparation for special events, musical performances and college recital critique for music majors, teaching music theory for beginning plano, teaching beginning and intermediate plano.

preparing vocal and piano students for recital and showcase performances writing and compiling policies, procedures and proper protocol for all vocal teachers, monitoring and conducting monthly evaluations for vocal classes, administering recommendations

and advising to vocal teachers with expected reciprocated response.

Choral Director/Teacher From 08/03 to 06-09

Gulfstream Middle School

120 SW 4th Avenue, Hallandale, Fl. 33009

Responsibilities included

Teaching music theory, choral techniques, vocal techniques, concert preparation, preparing daily lesson plans, teaching the different music history periods, music research for presentations, preparation for special events, peer teaching vocal pecagogy, and basic theory of drama and theatre

08/01-06/03 & 08/03-06/03 Coconut Creek High School, 1400 N.W. 44 Avenue, Coconut Creek, Fl. 33063

Responsibilities included

Teaching in a large class size and environment, music theory, music history, chora!

studies.

Charus club sponsorship, event planning for afternson choir middle school orientation, graduation music preparation with collaboration with Band Director for choral and band performances, ESGL training, car training while keyboard techniques and lesson plans, chorus club activities, dance team sponsor and activities. Winter and spring concert preparation, in-house school events

08/05 TO 6/2010
Performing Arts Coordinator
Nova Southeastern University,
3301 College Avenue, Ft. Lauderdale, Fl.33301

Responsibilities include:

Teaching and developing vocal techniques to enhance and produce a unique and professional sound, teaching basic music theory to build and strengthen the essentials of basic musicianship (i.e. harmonic chromaticism, chord theory) Teaching and creating special vocal arrangements for repertoire. Instructing and training the vocal ensemble in the importance of vocal health and pedagogy. Instructing and direct in the art of developing stage presence and vocal performance. (i.e. Microphone technique, choreography, and wardrobe)

- 1 Facilitating special events that are vocal ensemble specific.
- 2 Coordinating regularly scheduled and special rehearsals.
- 3 Supervising and directing rehearsals for musical performances
- 4 Supervising technical setup and sound check for events
- 5 Selecting and preparing costume/wardrobe for events.
- 6 Supervising and finalizing full dress rehearsals for performances.
- 7 Supervising and mediating monthly musical forums for ensemble with selected audience. (To be approved by Performing Arts Coordinator/Instructor and Dean of Student Affairs)
- 1 Managing and organizing components for marketing and promotions
- 2 Procuring and developing corporation partnerships.
- 3 Will travel and accompany vocal ensemble on events in and outside of Florida and the United States.
- 4 Fostering and supporting the professional growth and development of the NSU vocal ensemble.

11/2003 - 06/2005

Graduate Assistant for Performing Arts Nova Southeastern University 3301 College Avenue, Ft. Lauderdale, Fl. 33301 Responsibilities include:

Theatre production, program recruitment special event planning, private classes scheduling

created vocal ensemble to represent the university events, student orientation.

08/01 -- -02/2007

Choral Director,
Florida Atlantic University - Multicultural Division
777Glades Road, Boca Raton, Fl.

Responsibilities included:

Preparation for special events, concerts, benefit performances, vocal studies, (i.e. vocal techniques)

04/01 - 09/03

President, Owner, Vocal Instructor
Virtuoso Street Inc., Academy of Music & Performing Arts
10769 Wiles Road, Coral Springs, Fl. 33067

Duties included:

Private vocal instruction and pedagogy for children and adults. Vocal techniques, ear training, preparation or special events, community events, preparation for studio recording.

Songwriting and recording, summer camp for songwriters and singers, plane lessons for beginners, music theory. Stage presence and vocal performance.

12/1995 - 05/ 2000

Vocal Director
Boys & Girls Clubs of America, Ft. Lauderdale, Fl

Responsibilities included:

Creating and developing a complete vocal pedagogical regimen for all singers and performers

Participating in all musical theatre productions, vocal instruction included, but not limited to:

Vocal warm-ups, vocal techniques, vocal pedagogy, breathing techniques and exercises cohering to the proper use of the vocal instrument, assisting in songwriting and studio recording, assisted director with musical play productions, choral and vocal ensemble

music preparation for special events and performances.

\*\*\*\*\*\*References Available Upon Request\*\*\*\*\*



## City of Hallandale Beach

City of Choice

Human Services Department 750 N.W. 8th Avenue

Hallandale Beach, Florida 33009-6433 Phone: (954) 457-1460

Phone: Fax:

(954) 457-1305

May 5, 2011

Mark Antonio, City Manager 400 South Federal Highway Hallandale Beach, FL 33009

Re: Letter of Support

I am pleased to support Lampkin Creative Arts for All grant application for FY 2012 Community Based Organizations Grant Funding. Lowell Lampkin, the Director has provided cultural arts and music for the Hepburn Center for many years. Upon starting a new business in the City he immediately came to the Human Services Department and offered his services free of charge to both the Hepburn Senior Activity Center and the After School Program. During this past year the Department has had many performances where he has provided the music.

It is my understanding that the grant in part will allow Lampkin Creative Arts to provide intergenerational cultural arts and music training. I believe this type of project can be an improvement to services for the City's youth and elderly. In support of this organization the Hepburn Center will refer individuals, provide space and collaborate to bring performances to the community. We are pleased to support projects that will help Hallandale Beach residents enrich the quality of their lives through the Arts.

Should you have any questions or require additional information; or if I can be of any assistance to you, please contact me at (954) 457-1460.

Sincerely,

THE CITY OF HALLANDALE BEACH

Marian McCann-Colliee, Director

Human Services Department

<u>For General Information</u>
Austin Hepburn Senior Mini Center
750 NW 8<sup>th</sup> Avenue / Hallandale Beach, FL 33009

The Human Solvices Department is responsible for providing a wide range of comprehensive programs pertaining to social services for residents of the City of Hallandale Beach. Programs are administered at from the <u>Austin Hepburn Conter</u>. Using the multi-purpose center concept, services provided as best described as activates that inspact and or result in a beneficial change in the lives of people.

## Dizzy Fingers School of Excellence Inc 401 N.W. 2<sup>ND</sup> AVE Hallandale Beach Florida, 33009

#### Board of Directors

Pastor David L. Poitier Pres/CEO

100 S. Dixie Highway

Hallandale Beach, Florida 33009

Keith Hardamon Chief Financial Officer

2424 Bayhill Drive

Melbourne, Florida 32940

Delania Cunningham Developmental Officer

3199 Foxcrost RD #302 Miramar, Florida 33025

Evelyn Wint Secretary

P.O. Box 22-3433

Hollywood, Florida 33022

Michiah Gillins Member

620 S.W. 38th Ave

Ft. Lauderdale, Florida 33312

Dizzy Fingers School of Excellence Inc. is committed to quality education, and learning skills. We believe that the process of education involves the establishment of a teaching environment, which sets high expectations enabling all children and adults to become productive citizens. This organization provides a positive outlet for children and adults.

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#### WE ASSIMARE AN I AN EMPLOYER FAMILTH HEATTEN NUMBER

Inank you for applying for an Employer Identification Mumber (EIN). We assigned you did 30-0576850. This ETH will identify you, your business accounts, tax returns, and documents, even if you have no employers. Please keep this motice in your rermanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your £1% and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one £1%. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Assigning an EIN does not grant tax-exempt status to non-profit organizations Publication 557, Tax Exempt Status for Your Organization, has details on the application process, as well as information on returns you may need to file. To apply for formal recognition of tax-exempt status, must organizations will need to complete either Form 1023, Application for Recognition Under Section 501(c)(3) of the Internal Revenue Code, or Form 1024, Application for Recognition of Exemption Under Section 501(a). Submit the completed form, all applicable attachments, and the required user fee to:

Internal Revenue Service PO Box 192 Covington, KY 41012-0192

The Pension Protection Act of 2006 contains numerous changes to the tax law provisions affecting tax-exempt organizations, including an annual electronic notification requirement (Form 990-N) for organizations not required to file an annual information return (Form 990 or Form 990-EZ). Additionally, if you are required to file an annual information return, you may be required to file it electronically. Flease refer to the Charities & Non-Profits page at www.irs gov for the most current information on your filing requirements



Bepartment of State

I certify from the records of this office that DIZZY FINGERS SCHOOL OF EXCELLENCE, INC. is a corporation organized under the laws of the State of Florida, filed on July 30, 2009.

The document number of this corporation is N09000007425.

I further certify that said corporation has paid all fees due this office through December 31, 2009, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capitol, this the Thirty-first day of July, 2009

CR2EO22 (01-07)

Secretary of State

## ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

### ARTICLE I NAME

The name of the corporation shall be

## Dizzy Fingers School of Excellence, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

401 N.W. 2nd Ave., Hallandale, Florida 33009

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

See attached

#### ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

## See attached Bylaws 9.1

## ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

Pastor John P. Diamond-1400 N.W. 3rd Ave., Pompano Beach, FL 33060-President Keith Hardamon-7511 Alhambra Blvd., Miramar, FL 33023-CFO Davona Jean-Gilles-4231 S.W. 38th St., West Park, FL 33023-Secretary Lowell Lampkin-401 N.W. 2nd Ave., Hallandale Beach, FL 33009-Director Mary Washington-700 N.W. 5th Court, Hallandale Beach, FL 33009-Developmental Officer

### ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Pastor John P. Diamond-1400 N.W. 3rd Ave., Pompano Beach, FL 33060

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Pastor John P. Diamond-1400 N.W. 3rd Ave., Pompano Beach, FL 33060

Having been named as registered agent to accept service of process for the above stated corporation at the place	designated
in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this cap	acity.

John John Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Ma	7/25/09
Signature/Registered Agent	Date
Signature/Incorporator	Date

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The name of the corporation is Dizzy Fingers School of Excellence, Inc.

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A. This Corporation is a non-profit Public Benefit Corporation and is not organized for the private gain of any person. It is organized under the Non-Profit public Benefit Corporation laws for.

( ) public purposeor ( ) charitable purposeor (x) public and charitable purpose

The specific purpose of this corporation is to provide a learning center for young children through older adults to enhance cultural background and language of children and adults providing optimal social and emotional growth as well as developmental, physical and intellectual skills to empower children and adults to become productive citizens. Our program will recruit and train early education for the underprivileged who have been excluded from the traditional pathways to career formation and advancement by protracted poverty. The program will work with life management, social skills, and mental health for low-income that are undeserved, handicapped, underprivileged, and disadvantaged. The Corporation is to offer services that empower children and adults with knowledge and resources to achieve greater self-identity, academic excellence, community involvement and balanced living. Literacy was chosen as a key ingredient for the program. Our program gives the children and adults in our community a place to come and learn about life challenges in academic excellence by introducing principles and skills that increase their confidence and intellectual capabilities. The target group will comprise of low-income to help to combat literacy prevention, poverty, and homelessness prevention. The program target specific factors in each adult and family's environment (family, peers, and neighborhood) that contribute to anti--social behavior to help adult deal effectively with their child care developmental problems. Our program will also offer teaching, training and technical assistance in the art of individual developmental, economic job skills, mentoring, tutoring, economic literacy, violence prevention, and computer literacy, crisis counseling for the youth and the disadvantage. The program focus on specific performance indicators with such measurable results as literacy research, rehabilitation, outreach activities, crisis counseling education, self-sufficiency values, pre- employment training for at-risk youth, along with general anti-hunger and mental depression participation. Our program will require community participation to help with the development of our children and adults program, to rebuild the infrastructure in the community. The objective of the program is to improve self-sufficiency measures of good citizenship and personal accountability. Our program provides positive structures for the children and adults and are designed to have performance indicators and measurable outcomes; with leadership development services in all categories.

- A. This corporation is organized and operated exclusively for public and charitable purposes within the meaning of section 501 ( c ) ( 3 ), Internal Revenue code
- B. Upon the dissolution of this organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501© (3) of the Internal Revenue Code, or corresponding section any future federal tax code, or shall be distributed to the federal government, or to a state or local government for a public purpose.
- C. No substantial part of the activities of this corporation shall consist of Carrying on propaganda, or otherwise attempting to influence legislation, And the corporation shall not participate or intervene in any political campaign (including the publishing of distribution of statement) on behalf of candidate for public office

The property of this corporation is irrevocably dedicated to public and charitable purposes and no part of the net income or assets of this corporation shall ever inure to the benefit of any director, officer or member thereof or to the benefit of any private person. Upon the dissolution or winding up of the corporation, its assets remaining after payment, or provision for payment, all debts and liabilities of this corporation shall be distributed to a non-profit fund, foundation or corporation which is organized and operated exclusively for charitable purpose and which has established its tax exempt status under Section 501 (C) (3), Internal Revenue Code.

Pastor John P. Diamond

#### Article IV

### Article IX Officers

#### Section 9.1 Officers.

The Corporation shall have as officers, a President, a Secretary, and a Chief Financial Officer. The Corporation may also have, at the discretion of a Board of Directors, a Chairperson of the Board, one or more vice presidents, one or more assistant secretaries, one or more assistant treasurers, and such other officers as may be appointed in accordance with the provisions of Section 9.3 of this Article IX. Any number of offices may be held by the same person, except that neither the Secretary nor the Chief Financial Officer may serve concurrently as either the President or the Chairperson of the Board.

#### Section 9.2 Election of Officers.

Any person may serve as an officer of the Corporation. The officers of the Corporation, except those appointed in accordance with the provisions of Section 9.3 of this Article IX, shall be chosen by the Board of Directors, and each shall serve at the discretion of the Board, subject to the rights, if any, of an officer under any contract of employment.

### Section 9.3 Subordinate Officers.

The Board of Directors may appoint, and may authorize the Chairperson of the Board or the President or another officer to appoint, any other officer that the business of the Corporation may require, each of whom shall have the title, hold office for the period, have the authority, and perform the duties specified in the Bylaws or determined from time to time by the Board of Directors.

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## CERTIFICATE OF LIABILITY INSURANCE

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REVISION NUMBER:

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	PERSONAL PROPERTY	FP		09/24/2010	09/24/2011			\$10.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 131, Additional Remarks Schedule, if more space is required)

""""DANCE CLASS, MUSIC CLASS """ AND PERSONAL PROPERTY \$10,000

CERT	IFICATE HOLDER	CANCELLATION
•	PROOF OF INSURANCE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED REFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
!	PROOF OF INSURANCE PROOF OF INSURANCE	AUTHORIZED REPRESENTATIVE
!	:	SHUWANDA FERRELL

INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201

Date: SEP 25 2009

DIZZY FINGERS SCHOOL OF EXCELLENCE INC 401 NW 2ND AVE HALLANDALE BEACH, FL 33009 Employer Identification Number: 30-0576950 DLN: 17053231322049 Contact Person. JENNIFER NICOLIN ID# 95152 Contact Telephone Number: (877) 829-5500 Accounting Period Ending: July 31 Public Charity Status: 170(b)(1)(A)(vi) Form 990 Required: Effective Date of Exemption: July 30, 2009 Contribution Deductibility: Yes Addendum Applies: No

#### Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2105 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Date: SEP 25 2009

DIZZY FINGERS SCHOOL OF EXCELLENCE INC 401 NW 2ND AVE HALLANDALE BEACH, FL 33009 Employer Identification Number: 30-0576850 SLN: 17053231322049 Contact Person: JENNIFER NICOLIN ID# 95150 Contact Telephone Number: (877) 829-5500 Accounting Period Ending: July 31 Public Charity Status: 170(b)(1)(A)(vi) Form 990 Required: Effective Date of Exemption: July 30, 2009 Contribution Deductibility: Addendum Applies:

#### Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

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Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201

Date: SEP 25 2009

DIZEY FINGERS SCHOOL OF EXCELLENCE INC 401 NW 2ND AVE HALLANDALE BEACH, FL 33009 Employer Identification Number: 30-0576850 DLN: 17053231322349 Contact Person: JENNIFÉR NICOLIN ID# 95152 Contact Telephone Number: (977) 829-5500 Accounting Period Ending: July 31 Public Charity Status: 170 (b) (1) (A) (vi) Form 990 Required: Effective Date of Exemption: July 30, 2009 Contribution Deductibility: Addendum Applies: No

#### Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

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Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.



# City of Hallandale Beach

City of Choice

Human Services Department 750 N.W. 8<sup>th</sup> Avenue

Hallandale Beach, Florida 33009-6413

Phone: Fax. (954) 457-1460 (954) 457-1305

May 5, 2011

Mark Antonio, City Manager 400 South Federal Highway Hallandale Beach, FL 33009

Re: Letter of Support

I am pleased to support Lampkin Creative Arts for All grant application for FY 2012 Community Based Organizations Grant Funding. Lowell Lampkin, the Director has provided cultural arts and music for the Hepburn Center for many years. Upon starting a new business in the City he immediately came to the Human Services Department and offered his services free of charge to both the Hepburn Senior Activity Center and the After School Program. During this past year the Department has had many performances where he has provided the music.

It is my understanding that the grant in part will allow Lampkin Creative Arts to provide intergenerational cultural arts and music training. I believe this type of project can be an improvement to services for the City's youth and elderly. In support of this organization the Hepburn Center will refer individuals, provide space and collaborate to bring performances to the community. We are pleased to support projects that will help Hallandale Beach residents enrich the quality of their lives through the Arts.

Should you have any questions or require additional information; or if I can be of any assistance to you, please contact me at (954) 457-1460.

Sincerely,

THE CITY OF HALLANDALE BEACH

Marian McCann-Colliee, Director Human Services Department For General Information
Austra Hepbura Senior Mini Center
750 NW 8th Avenue / Hallandale Beach, FL 33009

The Human Services Department is responsible for providing a kide range of compliance in a programs pertaining to orbit services for residents of the City of Halfandale Beach. Programs are administered at From the <u>Austin Hepping Center</u>. Using the multi-purpose contendance provided are best described as activities that impact and or result in a beneficial change in the lives of people.

Title	

### **GRANT APPLICATION**

### APPLICATION CHECKLIST

Please initial below as confirmation that each of the required documents has been submitted with the Application for review.

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_		COVER PAGE
_		APPLICATION CHECKLIST
_		Copy of Organization Non-Profit Status Letter from IRS
_		List of Board Members, Director/Agency Head, Titles and Addresses
_	<u> </u>	Evidence of Incorporation for State of Florida (www.sunbiz.org)
火 -		Evidence of Financial Soundness (990 form) or documentation from a Financial Institution showing three (3) months of operating expenses
_		Letters of Support for the project (limit to three (3))
_	<u> </u>	Memorandum of Understanding/s if partnering with any organization/s
-	<u> </u>	Key Staff Resumes
Y	L H.	Copy of the organization's Certificate of Insurance and/or a Letter of Indemnity (holding the City of Hallandale Beach harmless)
	l	

### **GRANT APPLICATION**

### APPLICATION CHECKLIST

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# GRANT APPLICATION COVER PAGE

Organization Name HALLANDALE SYMBhanic Pops ORCHESTR	1
	1
Mailing Address F.C. Box 85084	l
City/State/Zip Code HALLANDALE BEACH Fl. 33009	l.
Phone 954-456-4001 FaxE-mail BARCLASE I @ AOL. Ed	2 /
Name of Contact Person ARHIN LOVENVIRTHINE 2nd Vice President	1
Organization Information	
Is the organization incorporated? Yes   No  FEIN#	1
Does the organization have 501c(3) Tax Exemption Status? Yes № No □	İ
If no, have you applied? Yes □ No □ If yes, provide a copy with your application.	
If no, provide the name of the Fiscal Sponsor	
Total # of Board Members 11 # of Staff # of Volunteers C	1
Does your organization carry Liability Insurance? Yes ☎ No ☐ Amount	
Proposal Information	
Program/Project Name HALLAND ALE SYMPHONIC POPE OPLIAST	re A
Priority Area Addressed Cultural Age group # to be served 350	ļ
Annual Budget \$ 1500 Amount of Request \$ 25,000 Total Project Cost \$	
Source of Current Funding City of LATERNDALE Beach	
Has your organization received funding from the City before? Yes ☑ No □	ſ
If yes, Amount Funded \$25,000 ° Year 2010 # of Residents Served 300	1
Have you attended the city's Capacity Building Workshops conducted by Mr. Non Profit?	1
Yes ☐ No M Give a brief summary of the Previous Project Funded. <u>2009 - 2010 @ NCER</u> F 	
1	ļ
Authorized Signature of Organization Representative Almin T. Reveniver Toate 5/4/00/1	

#### **GRANT APPLICATION**

## APPLICATION CHECKLIST

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1/13	Memorandum of Understanding/s if partnering with any organization/s
MA	Key Staff Resumes
1/	Copy of the organization's Certificate of Insurance and/or a Letter of Indemnity (holding the City of Hallandale Beach harmless)

#### **GRANT APPLICATION**

## 1. ORGANIZATION BACKGROUND INFORMATION (no more than 1 page)

Give an overview of the Agency Mission, history and current programs/services.

ATTACHED IS A COPY OF 2010 /2011
YEARS PROGRAM.
OUR MISSION SINCE 1991 18 TO PROVIDE
CULTURAL CONCEPTS FOR OUR COMMUNITY.

### 2. DESCRIPTION OF PROGRAM/PROJECT (no more than 2 pages)

- Give a general overview of the Program/Project.
- Provide a description of the Issue or Need for your Program/Project?
- How will your services address the City's Priority Area you selected?
- Who will be served and number to be served?
- · Number of Hallandale Beach residents that you will serve.
- · How will your services benefit participants?
- · Will there be a Fee for services?
- Will you provide scholarships or waivers?
- · How will the community benefit?
- · Other agencies or organizations involved in the project?

#### **GRANT APPLICATION**

3. METHOD OR STRATEGY FOR IMPLEMENTATION (no more than 1 page)

SEE ATTACHED LETTER

- · Describe the specific activities to achieve Goals and Objectives.
- Who will be responsible for the overall project?
- What staff will be involved?
- · Include potential partners or collaborations
- · What is the time frame for implementing the project?
- Provide the locations of where you will provide services.
- · Days and hours of operations.

## 4. EVALUATION (no more than 1 page)

- How will you address the issues/s, make improvements or achieve success?
- What methods will you utilize to measure success or benefits (i.e. attendance, surveys, pre-post test, etc)?
- · How often will you evaluate your services?

SEE ATTACHED LETTER

#### GRANT APPLICATION

## 5. SUSTAINABILITY (no more than 1 page)

- If you receive 50% of the amount requested how will you operate services?
- If you do not receive funding, will you still operate services?
- What other Funding Sources have you submitted requests for this program/project?
- · Have you been funded or received a commitment letter?
- · What is your organization's Sustainability Plan for the next three years?
  - . HAVE TO SHORTEN SEASON OR REDUCE NUMBER OF ORCHOSTRA MEMOERS

  - REQUESTS FOR DONATIONS OR SPONSORS

  - · WITHOUT OUTSIDE HELP WE WOULD CLOSE AND CEASE TO EXIST.

### **GRANT APPLICATION**

6. BUDGET	INFORMAT	TION Please fill	in information	on as requested.
PROPOSED	PROJECT I	NAME: HALLI	HNDALE	5417HONIC FOR
ITEM	GRANT REQUEST	OTHER GRANT FUNDS	INKIND	JUSTIFICATION
Personnel Cost			12,100 00	The WORKING BOARD
Consultants	NA	<u> </u>		
Supplies		\$1,00000		STANTS CELL FHONES
Equipment*				
Travel Facility Rental/Fees	:	12400 00		STORAGE OF EQUIPHENT
Marketing		3,000 00		NEWSPAPER FLYERS PLAYBILLS STATIONARY TICKETS
Printing		£2500 00		PLAYBILLS TICKETS
Other REF	ALEHENT)	#4000 0		CHAIRS/ INSURANCE
TOTALS				TOTAL BUDGET:
गिल्लाका तहा	ក្រើរក្នុះទី៤៤ ក្រឡ ក្រុមក្រៀតពេល	एक्सीवर्गी हर्ने जार वेष्ट	ea minime	of the City of Hallandale Beach.
I	. i. f 4i	CERTIFICA		India a Dudant and Astronomy
(supporting ma	terials) are tru	ie and correct to th		. " /
Signature of A	J. SOV	enwrth resentative	D	5/4/2011 ate
Vice P	RESIDE	NT		



## Consumer's Certificate of Exemption

DR-14 R. 04/05 05/09/06

#### Issued Pursuant to Chapter 212, Florida Statutes

85-8012626235C-4	01/01/2006	01/31/2011	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemplion Calegory

This certifies that

HALLANDALE SYMPHONIC POPS ORCHESTRA INC 600 THREE ISLANDS BLVD APT 1404 HALLANDALE BEACH FL 33009-2849

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



## **Important Information for Exempt Organizations**

DR-14 R. 04/05

- 1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (FAC).
- 2. Your Consumer's Certificate of Exemption is to be used solely by your organization for your organization's customary nonprofit activities.
- Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
- This exemption applies only to purchases your organization makes. The sale or lease to others by your organization of tangible personal property, sleeping accommodations or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, FAC).
- It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable; for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third degree felony. Any violation will necessitate the revocation of this certificate.
- 6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Central Registration at 850-487-4130. The mailing address is PO BOX 6480, Tallahassee, FL 32314-6480.

COPY Juch



## Application for Consumer's Certificate of Exemption

DR-5 R. 11/03

Sales and Use Tax [pursuant to ss. 212.08(6), (7), and 213.12(2), Florida Statutes] \* NO FEE REQUIRED \*



	CHECK ONE:  Renewal Centificate No. 85-80/266  MAIL TO: ACCOUNT MANAGEMENT/EXEMPTIONS FLORIDA DEPARTMENT OF REVENUE PO BOX 6480 TALLAHASSEE FL 32314-6480	<u> 235C</u> -
exemption category for which you are applying (check of		
Soft (c)(3) Organization	Religious - governing/ agministrative  Religious - transportation provider  School, College or University  Office Use O  BP  CO	nly
Organization Name  Hallandule Symphonic Pops 1)/1  Street Addiess  600 Jhne elebrade Eliza (  Gray/State/ZIP	destra DAC  Business Phone  (154) 0.3/-1  County, if located in Flor	4827
Walkandske Block FL 3300	9 - 2349 SROWOLC  ation incorporated? Date at Incorporation   Does organization hold	<u>L</u>
65-0274175 Ves	- 1.3	
Mailing address (if different than above)  F. C. DEY 85089	Alternate Phone	
Trallandole Broch II	33009 Caughy, If located in Flo	rida
Does the organization receive income from the sale or lease of tangible personal pro- If yes, provide the organization's sales and use tax certificate of registration number	perty the lease of real proberly or the sale of taxable services? Yes	Vo ₾

#### ALL DOCUMENTS SUBMITTED WILL BE RETAINED AS PART OF THIS APPLICATION.

#### CERTIFICATION

I hereby attest that I am authorized to sign on behalf of the applicant of ganization described above. I further attest that, if granted, the Consumer's Certificate of Exemption will poly be ψξέσ in the manner authorized for this organization under ss. 212.08(6), (7), or 213.12(2), Florida Statutes.

I declare that I have read the information provided both is application, including the attached documentation, and that

me facts stated herein are true.	
almin & Lovenvith_	VICE PRESIDENT
ARMIN F. LOVENVIRTH	5/4/2011
Print name	Date

# Symphonic Pops

celebrating our  $20_{\rm fb}$  SEASON

Box Office 954-624-6829

Officers

Anthony Musto - Pesident
Hinda Smith - 1st Vice President
Armin Lovenvirth - 2nd Vice President
Georgia Winfield - 3rd Vice President
Helene Firestone- Secretary

# Directors

Phyllis Broccone

Mayor Joy Cooper

Arlene Freeman

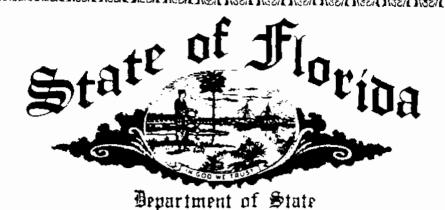
Bertha Grebin

Marilu Rosen

Michael Sandman

# Honorary Board Members

State Representative, Joseph Gibbons
Vice Mayor, Anthony Sanders
Commissioner, Keith London
Commissioner Dorothy Ross
Commissioner Alexander Lewy



I certify the attached is a true and correct copy of the Articles of Incorporation, as amended to date, of HALLANDALE SYMPHONIC POPS ORCHESTRA, INC., a corporation organized under the laws of the State of Florida, as shown by the records of this office.

The document number of this corporation is N39993.

Given under my hand and the Great Seal of the State of Florida, at Tallahassee, the Capital, this the Twentieth day of May, 1994

CO WE WE

CR2EO22 (2-91)

Jim Smith

Secretary of State

FILED 90 SEP 13 PM 1124

οf

HALLANDALE SYMPHONIC POPS ORCHESTRA, INC.

SECT THEY OF STATE TALLAHASEEN FLORIDA

We, the undersigned, do hereby associates curselves together for the purpose of forming and becoming a corporation not for profit, but for charitable and philanthropic purposes under the laws of the State of Florida and under the provisions of Chapter 617 of the Florida Statutes, and do hereby certify that we have become such corporation under and pursuant to the following Articles of Incorporation:

#### ARTICLE I. NAME

The name of this corporation is:

HALLANDALE SYMPHONIC POPS ORCHESTRA, INC.

#### ARTICLE II. PURPOSES

The general nature of the objects and purposes of this corporation shall be to engage in charitable and phllanthropic endeavors of all kinds including the furtherance of good works and eleemosynary objectives and endeavors, and to receive monies, gifts and equipment and to use the property of the corporation for charitable purposes according to the by-laws and policies of the corporation, and to further other charitable works, and to that end may adopt and establish by-laws, and make all rules and regulations desmed necessary and expedient for the management of its affairs, in accordance with law and not inconsistent with these Articles of Incorporation; and to take, manage, hold and dispose of property, real and porsonal, of said corporation, and to do all things necessary and incidental to the purposes of this corporation and otherwise permitted by isw.

#### ARTICLE III. CORPORATION NOT FOR PROFIT

All revenue, income and money received from the conduct of this corporation shall be used for the furtherance of the purposes of this corporation and not for the benefit of the members of this corporation either individually or collectively.

In the event this corporation shall acquire surplus income that is not used toward the religious, charitable, or sleenosynary purposes of this corporation, then the said corporation shall use ...d apply the whole or any part of the income therefrom and the principal thereof exclusively for charitable purposes either directly or by contributions to organizations duly suthorized to carry on charitable

activities, and which would then qualify under the provisions of Section 501 (C)(3) of the Internal Revenue Code and its regulations as they now exist or as they may hereafter be amended, provided, however, that no part of such income or such principal shall be contributed to any organization whose net earnings, or any part thereof, inure to the benefit of any private shareholder or individual or any aubstantial part of the activities of which is carrying on propaganda, or otherwise attempting to influence legislation. No part of the net earning of the corporation shall inure to the benefit of any member, trustee, officer of the corporation, or any private individual, nor shall any such person be entitled to share in the distribution of any of the corporate assets upon dissolution of the corporation. No part of the activities of the corporation shall be carrying on propaganda, or otherwise attempting to influence legislation, or proticipating in, or intervening in, (including the publication or distribution of statements), any political campaign on behalf of any candidate for public office. Upon the dissolution of the corporation or the winding up of its affairs, the assets of the corporation shall be distributed exclusively to charitable organizations which would then qualify under the provisions of Section 501 (C)(3) of the Internal Revenue Code in its regulations as they now exist or as they may be hereafter amended. As a means of accomplishing the foregoing purposes, the corporation shall have all of the powers granted to a non-profit corporation as set forth in Chapter 617 of the Florida Statutes, and any amendments thereco.

#### ARTICLE IV. QUALIFICATION OF MEMBERS

The membership of this corporation shall constitute all persons hereinafter named as subscribers and directors and such other persons as, from time to time hereafter, may become members in the manner provided in the by-laws, which shall prescribe their qualifications and the manner of their admission

#### ARTICLE V. TEPM OF EXISTENCE

This corporation is to exist perpetually.

#### ARTICLE VI. OFFICERS

The officers of the corporation shall be a President, Vice Presidents, Secretary and Treasurer. The officers shall be elected by the Board of Directors, each to serve for two (2) years and until the election of a successor.

President: Estelle Brozen

Vice-Presidents: Richard Fox, Robert Friedman

Alan J. Lewis, Morris Lewy

Secretary: Lotte Stein

Treasurer: Lou Schulman

#### ARTICLE VII. INCORPORATORS

The name and address of each incorporator of this corporation is:

Eatelie Brozen Robert Friedman, Esquire 2010 S. Ocean Drive 1250 E. Hallandale Beach Blvd. Hellandale, FL 33009 Hallandale, FL 11009

Lotte Stein 200 Golden Isles Orive Rallandale, FL 33009

#### ARTICLE VIII. PRINCIPAL OFFICE AND RESIDENT AGENT

The address of the principal office and the mailing address of the corporation shall be the registered office and the street address is:

Office of City Attorney / 308 South Dixle Highway Hallandale, Florida 33009

The initial registered agent and his address for the corporation is:

Richard Kane, Esquire 308 South Dixie Highway Hallandale, Florida 33009

The Board of Directors may from time to time move the principal office to any other address in Florida.

#### ARTICLE IX. BOARD OF DIRECTORS

The affairs of the corporation shall be managed by a Board of Directors of not less than three (3) members. Their number, qualifications, term of office and manner of selection shall be fixed in the by-laws. The initial board of directors shall consist of twelve (12) directors whose names and address are:

Dr. Stanley Braverman 1925 E. Hallandale Beach Blvd Ballandale, FL 33009

Ruth Eder 2316 NE 7th Street Hallandale, FL 33009

Honorable Steven Geller 616 Atlantic Shores Blvd Ballandale, FL 33009

Nancy Jones Barnett Bank 801 E. Hallandale Beach Blvd Hallandale, PL 33009

Sol Lerner Hallandale Rehabilitation Ctr. 2400 E. Hallandale Beach Blvd Hallandale, FL 33009

Charles Nelson 6451 M. Federal Highway, \$1115 Fort Lauderdale, FL 33308 Douglas Donn, Guifstream Racing Assoc. 901 S. Federal Highway Hallandale, PL 33009

Seymour Fendell 3140 S. Ocean Drive Hallandale, FL 33009

Lee Goodman Lee Equipment International 1000 Pembroke Road Hallandale, FL 33009

Richard Kane, City Attorney City of Hallandale 308 S. Dixie Highway Hallandale, FL 33009

Armin Lovenwirth American Savings Bank 2500 E. Hallandale Bch Blvd Hallandale, FL 33009

Carol Owen 1000 E. Hallandale Bch Blvd Hallandale, FL 33009

#### ARTICLE X. CORPORATE SEAL

This corporation shall have a corporate seal prescribed by the Board of Directors and the same shall contain the words,

"A corporation not for profit"

#### ARTICLE XI. BY-LAWS

The Board of Directors of this corporation may provide such by-laws for the conduct of business and the carrying out of its purposes as they may deam necessary from time to time and such by-laws may be smended, altered or rescinded by a majority vote of those members of the Board of Directors present at any regular meeting or any special meeting called for that purpose.

#### LATICLE XII. AMENDMENTS

Amendments to these Articles of Incorporation may be made by a majority vote of the Board of Directors. Amendments may be initiated

FILED

50 SEP 13 PH 1:24

by the Board of Directors only, and shall be published to the Board of SIATE at least two weeks prior to adoption.

IN WITNESS WHEREOF, the undersigned each being one of the original subscribers to these Articles of Incorporation do make and file these Articles of Incorporation by declaring and certifying that the facts herein statud are true. Accordingly we have hereto set our hands and seals this add day of August 1990.

Estella Brozen, Pres. and Incorporator

Robert Friedman, V-Pres, and Incorporator

Lotte Stefn, Sec. and Incorporator

STATE OF PLORIDA COUNTY OF POLICE

The foregoing instrument was acknowledged before me this elegan = 30, 1990.

Notary Public State of Florida at Large

My Commission Expires:

A//Arr From Artizer Flomos,

All Sanday and Artizer Flomos,

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#### ACCEPTANCE BY RESIDENT AGENT

Raving been named to accept service of process for the above stated corporation, at the place designated in this Certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said Act relative to keeping open said offices. I am familiar with, and accept the obligations of a registered agent.

DATED this August 30 , 1990.

Registered Agent

## ARTICLES OF AMERICANT OF

HALLAMDALE STEPHENIC POPS ORCHESTRA

50 NN 27 PN 3 58 ROBERT J. PRIEDMAN and HARRY BECK, Vice Presidents and Secretary, respectively, do hereby file these Articles of Amendment pursuant to Florida Statutes \$517.018 and state:

- The name of this corporation is HALLANDALE STAPHONIC POPS ORCHESTRA, INC.
- 2. The Articles of Incorporation are hereby amended by substituting the following for Article II:

ARTICLE II. The purposes for which the organisation is organised are exclusively religious, charitable, scientific, literary and educational within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986 or the corresponding provision of any future United States Internal Revenue Notwithstanding any other provisions of these Articles, this organization shall not carry on any activities not permitted to be carried on by an organization exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1986 or the corresponding provision of any future United States Internal Revenue law.

This amendment was adopted by a majority vote of the Board of Directors on June 20, 1991, this corporation being a non-membership organization.

AW OFFICES OF FRIEDMAN, OSHINSKY & KRELEWITZ, P.A., 1150 E. HALLANDALE BLACH BLYD., SUITE A, HALLANDALE TL. 33009-4432

IN WITHESS WHEREOF, the undersigned have executed these

Articles of Amendment for the uses and purposes therein set forth.

ROBERT J. PRIEDMAN

HARRY BECK Secretary

STATE OF PLORIDA

COUNTY OF BROWARD

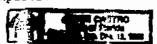
BEFORE HE, the undersigned authority, personally appeared ROBERT J. FRIEDMAN and HARRY BECK, as vice president and secretary, respectively of HALLANDALE SYMPHONIC POPS ORCHESTFA, INC., to me known and known to me to be the persons described in and who executed the foregoing instrument and who acknowledged before me that they executed the same.

NITNESS my hand and official seal in the County and State aforesaid this 25th day of June, 1991.

NOTARY PUBLIC State of Piorida

My Commission expires:

1011156



1995 E Halfandale Beach Blvd Hallandale FL 33009

Last statement: November 30, 2010 This statement December 31, 2010 Total days in statement period: 31

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[330085084847]

HALLANDALE SYMPHONIC POPS ORCHESTRA INC PO BOX 85084

HALLANDALE FL 33008-5084

Direct inquiries to: 954-454-5000

City National Bank Of Florida 1995 E Hallandale Beach Blvd Hallandale FL 33009

## City Smart Checking Account

Account number

7001688007

Enclosures

- 58

Low balance

\$7,247.97

Average balance

\$10,439.97

#### DAILY ACTIVITY

ACTIVIT	T			
Date	Description	Additions	Subtractions	Balance
11-30	Beginning balance			\$17,952.42
12-01	* Deposit	200.00		18,152.42
12-01	Check 11903		-349 36	17,803 06
12-03	Check 12640		-300.00	17,503.06
12-06	* Deposit	679.00		18,182.06
12-06	<u>Deposit</u>	610.00		18,792 06
12-07	Check 12638		-400 00	18,392.06
<u>12-07</u>	Check 12643		-300.00	18,092 06
12-07	Check 12642		-300.00	17,792.06
12-07	Check 12607		-225.00	17,567.06
12-07	Check 12611		-225.00	17,342.06
12-07	Check 12629		-200.00	17,142.06
12-07	Check 12624		-200.00	16,942.06
12-07	Check 12621		-200.00	16,742.06
12-07	Check 12600		-200.00	16,542.06
12-07	Check 12636		-200.00	16,342.06
12-07	Check 12597		-200.00	16,142.06
12-07	Check 12619		-200.00	15,942.06
12-07	Check 12616		-175.00	15,767.06
12-07	Check 12601		-150.00	15,617.06
12-08	Check 11906		-7.85	15,609.21
12-08	Check 12637		-1,000.00	14,609.21
12-08	Check 12641		-300 00	14,309.21
12-08	Check 12620		-235.00	14,074.21
12-08	Check 12599		-200.00	13,874.21
12-08	Check 12610		-200.00	13,674.21
12-08	Check 12625		-200.00	13,474.21

HALLANDALE SYMPHONIC POPS ORCHESTRA INC.
December 31, 2010

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Date	Description	Additions	Subtractions	Balance
12-08	Check 12633		-200.00	13,274.21
12-08	Check 12606	<del>-</del> _	-200.00	13,074,21
12-08	Check 12592		-135.00	12,939.21
12-09	Check 12639		-500.00	12,439.21
12-09	Check 12644		-300.00	12,139.21
12.09	Check 12614		-210.00	11,929.21
12-09	Check 12613		-200.00	11,729.21
12-09	Check 12605		-200.00	11,529.21
12-09	Check 12594	<del> </del>	-200.00	11,329.21
12-09	Check 12595		-200.00	11,129.21
12-09	Check 12622		-200.00	10,929,21
12-09	Check 12635		-200 00	10,729.21
12-10	Check 12598		-275.00	10,454.21
12-10	Check 12623		-250.00	10,204.21
12-10	Check 12627		-235.00	9,969.21
12-10	Check 12615		-175.00	9,794 21
12-13	Check 12650		-378.21	9,416.00
12-13	Check 12604		-225.00	9,191.00
12-13	Check 12612		-200.00	8,991.00
12-13	Check 12649		-200.00	8,791.00
12-13	Check 12626		-175.00	8,616.00
12-14	* Deposit	435.00		9,051.00
12-14	Check 12618		-235.00	8,816.00
12-14	Check 12628		-225.00	8,591 00
12-14	Check 12609		-200.00	8.391 00
12-14	Check 12634		-200.00	8.191.00
12-14	Check 12630		-200 00	7 991.00
12-14	Check 12617		-100 00	7,891.00
12-15	Check 12603		-200 00	7.691.00
12-16	Cneck 12631		-200.00	7,491.00
12-17	' Deposit	1,000.00		8,491.00
12-17	Check 12646		-576,00	7,915 00
12-17	Check 12608		-225.00	7,690 00
12-17	Check 12651		-157 03	7,532.97
12-20	POS Purchase		-85.00	7,447.97
	MERCHANT PURCHASE TERMINAL	469216		
	METROPCS RECURRING 888 BMETE	R TX		
	4356440000009303 SEQ # 035323000	114		
12-21	Check 12648		-200 00	7,247.97
12-22	' Deposit	1,000.00		8,247.97
12-24	Check 12596		-225.00	8,022 57
12-24	Check 12647		-200 00	7,822 97
12-31	Ending totals	3,924,00	-14,053.45	\$7,822.97

#### CHECKS

Number	Date	Amount	Number	Date	Amount
11903	12-01	349.36	11906	12-08	7.85

HALLANDALE SYMPHONIC POPS ORCHESTRA INC December 31, 2010

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Number	Date	Amount
12592	12-08	135 00
12594 *	12-09	200 00
12595	12-09	200.00
12596	12-24	225.00
12597	12-07	200.00
12598	12-10	275.00
12599		
	12-08	200.00
12600	12-07	200.00
12601	12-07	150.00
12603 *	12-15	200.00
12604	12-13	225.00
12605	12-09	200.00
12606	12-08	200.00
12607	12-07	225.00
12608	12-17	225.00
12609	12-14	200.00
12610	12-08	200.00
12611	12-07	225.00
12612	12-13	200 00
12613	12-09	200.00
12614	12-09	210.00
12615	12-10	175.00
12616	12-07	175.00
12617	12-14	100.00
12618	12-14	235.00
12619	12-07	200 00
12620	12-08	235 00
12621	12-07	200 00
12622	12-09	200.00

Number	Date	Amount
12623	12-10	250.00
12624	12-07	200.00
12625	12-08	200.00
12626	12-13	175.00
12627	12-10	235.00
12628	12-14	225.00
12629	12-07	200.00
12630	12-14	200.00
12631	12-16	200.00
12633 *	12-08	200.00
12634	12-14	200.00
12635	12-09	200.00
12636	12-07	200.00
12637	12-08	1,000.00
12638	12-07	400.00
12639	12-09	500.00
12640	12-03	300.00
12641	12-08	300.00
12642	12-07	300.00
12643	12-07	300 00
12644	12-09	300.00
12646 *	12-17	576.00
12647	12-24	200.00
12648	12-21	200.00
12649	12-13	200.00
12650	12-13	378.21
12651	12-17	157.03
4 Chin in abou	ak caawanaa	

1995 E Hallandale Beach Blvd Hallandale FL 33009

Last statement: December 31, 2010 This statement: January 31, 2011 Total days in statement period: 31

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[330085084847]

HALLANDALE SYMPHONIC POPS ORCHESTRA INC PO BOX 85084 HALLANDALE FL 33008-5084 Direct inquiries to: 954-454-5000

City National Bank Of Florida 1995 E Hallandale Beach Blvd Hallandale FL 33009

## City Smart Checking Account

Account number 7001688007 Enclosures 55 Low balance \$-165.99 Average balance \$4,716.68

#### DAILY ACTIVITY

<u>Date</u>	<u>Description</u>	Additions	Subtractions	Balance
12-31	Beginning balance		<u> </u>	\$7,822.97
01-03	Check 12593		-300.00	7,522.97
01-04	Check 12699		400.00	7,122.97
<u>01-</u> 04	Check 12704		-300.00	6,822.97
01-04	Check 12703		-300.00	6,522.97
01-04	Check 12658		-250 00	6,272.97
01-04	Check 12686		-235.00	6,037.97
01-04	Check 12677		-235.00	5,802.97
01-04	Check 12694		-225.00	5,577.97
<u>01-04</u>	Check 12672		-225.00	5,35 <u>2.</u> 97
01-04	Check 12697		-200.00	5,152.97
01-04	Check 12689		-200.00	4,952.97
01-04	Check 12690	<u>_</u>	-200.00	4,752.97
<u>0</u> 1-04	Check 12701		200.00_	4,552.97
<u>01-04</u>	Check 12673		-200.00	4,352 97
01-04	Check 12680		-200.00	4,152.97
01-04	Check 12655		-200.00	3,952.97
01-04	Check 12678		-200.00	3,752.97
01-04	Check 12691		-200 00	3,552.97
<u>01</u> -04	Check 12685		-175. <u>00</u>	3,377.97
01-04	Check 12688		-175.00	3,202.97
01-04	Check 12700		-100.00	3,102.97
01-05	Check 12657		-275.00	2,827.97
01-05	Check 12687		-225.00	2,602.97
01-05	Check 12666		-225.00	2,377.97
01-05	Check 12679		-210.00	2,167.97
01-05	Check 12674		-210.00	1,957.97

HALLANDALE SYMPHONIC POPS ORCHESTRA INC. January 31, 2011

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01-05 Check 12702 -200.00 1,557.97 01-05 Check 12683 -200.00 1,357.97 01-05 Check 12684 -200.00 957.97 01-05 Check 12684 -200.00 957.97 01-05 Check 12686 -200.00 757.97 01-05 Check 12686 -200.00 557.97 01-05 Check 12686 -200.00 557.97 01-06 POS Refund 11.04 569.01  MERCHANT REFUND TERMINAL 407280 SCHOOL OUTFITTERS 866702847 OH 485644000009303 SEQ # 100571207506  01-06 Deposit 1,703.00 2,272.01 01-06 Check 12698 -1,000.00 2,459.01 01-06 Check 12698 -1,000.00 2,459.01 01-06 Check 12602 -225.00 2,334.01 01-06 Check 12661 -200.00 1,834.01 01-06 Check 12661 -200.00 1,834.01 01-06 Check 12660 -175.00 1,659.01 01-07 Check 12661 -200.00 1,259.01 01-07 Check 12654 -175.00 1,084.01 01-07 Check 12654 -175.00 909.01 01-07 Check 12654 -175.00 909.01 01-07 Check 12688 -225.00 434.01 01-10 Check 12688 -225.00 434.01 01-10 Check 12689 -225.00 340.01 01-11 Check 12689 -225.00 340.01 01-11 Check 12689 -225.00 1,084.01 01-12 Check 12689 -225.00 1,084.01 01-13 Check 12695 -200.00 34.01 01-14 Check 12695 -200.00 34.01 01-15 Check 12696 -225.00 1,084.01 01-16 Check 12695 -200.00 234.01 01-17 Check 12689 -225.00 1,084.01 01-18 Check 12695 -200.00 34.01 01-19 Check 12669 -225.00 1,381.24 01-14 Check 12669 -225.00 1,381.24 01-14 Check 12669 -225.00 1,381.24 01-14 Check 12669 -225.00 1,381.24 01-18 Check 12669 -225.00 1,381.24 01-19 Check 12669 -225.00 1,381.24 01-19 Check 12669 -225.00 1,381.24 01-19 Check 12669 -225.00 1,381.24 01-19 Check 11966 -125.00 817.07 01-19 Check 11966 -125.00 817.07 01-26 Check 11966 -125.00 16,541.07 01-27 Check 11908 -300.00 16,241.07 01-27 Check 11908 -300.00 16,241.07	Date	Description	Additions	Subtractions	Balance
01-05 Check 12683 -200.00 1,357.97 01-05 Check 12684 -200.00 957.97 01-05 Check 12684 -200.00 957.97 01-05 Check 12686 -200.00 557.97 01-05 Check 12666 -200.00 557.97 01-05 Check 12667 -200.00 557.97 01-06 Check 12667 -200.00 557.97 01-06 Deposit 11.04 569.01 01-06 Deposit 1,187.00 2,272.01 01-06 Deposit 1,187.00 3,459.01 01-06 Check 12698 -1,000.00 2,459.01 01-06 Check 12602 -225.00 2,234.01 01-06 Check 12681 -200.00 2,034.01 01-06 Check 12681 -200.00 1,834.01 01-06 Check 12660 -175.00 1,834.01 01-06 Check 12660 -175.00 1,859.01 01-07 Check 12692 -200.00 1,459.01 01-07 Check 12653 -100.00 1,259.01 01-07 Check 12653 -175.00 1,084.01 01-07 Check 12653 -175.00 1,084.01 01-10 Check 12688 -200.00 3,459.01 01-10 Check 12689 -200.00 1,259.01 01-10 Check 12653 -200.00 1,259.01 01-10 Check 12689 -200.00 3,401 01-11 Check 12689 -225.00 659.01 01-12 Check 12695 -200.00 1,259.01 01-14 Check 12695 -200.00 3,401 01-15 Check 12695 -200.00 3,401 01-16 Check 12680 -225.00 659.01 01-17 Check 12680 -225.00 659.01 01-18 Check 12695 -200.00 3,401 01-19 Check 12695 -200.00 3,401 01-14 Check 12695 -200.00 3,401 01-15 Check 12695 -200.00 3,401 01-16 Check 12695 -200.00 3,401 01-17 Check 12695 -200.00 3,401 01-18 Check 12695 -200.00 3,401 01-19 Check 12669 -225.00 1,806.24 01-14 Check 12669 -225.00 1,806.24 01-18 Check 12669 -225.00 1,806.24 01-19 Check 12669 -225.00 1,806.24 01-19 Check 12669 -225.00 1,806.24 01-19 Check 12669 -225.00 1,806.24 01-19 Check 12669 -225.00 1,806.24 01-19 Check 12669 -225.00 1,806.24 01-19 Check 11965 -154.17 942.07 01-19 Check 11966 -125.00 817.07 01-26 Check 11908 -300.00 16,241.07 01-26 Check 11908 -300.00 16,241.07	01-05	Check 12659		-200.00	1,757.97
01-05   Check 12682   -200.00   1,157.97	01-05	Check 12702		-200.00	1,557.97
01-05 Check 12684 -200.00 957.97 01-05 Check 12656 -200.00 757.97 01-05 Check 12667 -200.00 557.97 01-06 POS Refund 11.04 569.01  MERCHANT REFUND TERMINAL 407280 SCHOOL OUTFITTERS 866702847 OH 485644000009303 \$EQ ≠ 100571;07506  01-06 Deposit 1,187.00 3,459.01 01-06 Check 12698 -1,000.00 2,459.01 01-06 Check 12602 -225.00 2,234.01 01-06 Check 12681 -200.00 1,834.01 01-06 Check 12661 -200.00 1,834.01 01-06 Check 12661 -200.00 1,659.01 01-07 Check 12652 -200.00 1,459.01 01-07 Check 12654 -175.00 1,659.01 01-07 Check 12654 -175.00 1,084.01 01-07 Check 12654 -175.00 1,084.01 01-07 Check 12682 -250.00 2,340.01 01-07 Check 12682 -250.00 1,259.01 01-10 Check 12682 -250.00 1,259.01 01-10 Check 12682 -250.00 434.01 01-10 Check 12682 -250.00 434.01 01-11 Check 12682 -250.00 434.01 01-11 Check 12686 -225.00 434.01 01-11 Check 12695 -200.00 1,369.01 01-11 Check 12695 -200.00 1,659.01 01-12 Check 12696 -200.00 1,659.01 01-13 Check 12656 -200.00 34.01 01-14 Transfer Credit 1,806.00 1,640.01 TRANSFER FROM DEPOSIT ACCOUNT 070795981 01-14 Check 12665 -200.00 1,810.24 01-18 Check 12665 -200.00 1,810.24 01-19 POS Purchase -85.00 1,096.24 01-19 Check 11963 -13.77 1,806.24 01-19 Check 11965 -200.00 1,811.24 01-19 Check 12665 -200.00 1,811.24 01-19 Check 12665 -200.00 1,812.07 01-19 Check 11965 -154.17 942.07 01-19 Check 11965 -154.17 942.07 01-19 Check 11965 -154.17 942.07 01-19 Check 11966 -125.00 817.07 01-26 Check 11907 -276.00 16,841.07 01-27 Check 11908 -300.00 16,241.07 01-27 Check 11908 -300.00 16,241.07	01-05			-200.00	1,357.97
01-05         Check 12656         -200.00         757.97           01-05         Check 12667         -200.00         557.97           01-06         POS Refund         11.04         569.01           MERCHANT REFUND TERMINAL 407280 SCHOOL OUTFITTERS 866702847 OH 4856440000009303 SEQ # 100571;07506           01-06         Deposit         1,703.00         2,272.01           01-06         Deposit         1,703.00         3,459.01           01-06         Check 12698         -1,000.00         2,459.01           01-06         Check 12681         -200.00         2,034.01           01-06         Check 12681         -200.00         2,034.01           01-06         Check 12681         -200.00         2,034.01           01-06         Check 12681         -200.00         1,834.01           01-06         Check 12681         -200.00         1,859.01           01-07         Check 12660         -175.00         1,659.01           01-07         Check 12651         -200.00         1,459.01           01-07         Check 12654         -175.00         1,096.01           01-07         Check 12653         -175.00         1,096.01           01-01         Check 12668         -225.0				-200.00	1,157,97
01-05         Check 12667         -200.00         557.97           01-06         POS Refund         11.04         569.01           MERCHANT REFUND TERMINAL 407280           SCHOOL OUTFITTERS 866702847 OH         4856440000009303 SEQ # 100571207506           01-06         Deposit         1.703.00         2,272.01           01-06         Deposit         1.187.00         3,459.01           01-06         Check 12602         -225.00         2,234.01           01-06         Check 12661         -200.00         2,034.01           01-06         Check 12661         -200.00         1,834.01           01-06         Check 12661         -200.00         1,834.01           01-06         Check 12661         -200.00         1,834.01           01-06         Check 12660         -175.00         1,659.01           01-07         Check 12692         -200.00         1,459.01           01-07         Check 12653         -175.00         1,984.01           01-07         Check 12653         -175.00         1,984.01           01-07         Check 12668         -225.00         659.01           01-10         Check 12665         -200.00         34.01           01-11 <td>01-05</td> <td>Check 12684</td> <td></td> <td>-200.00</td> <td></td>	01-05	Check 12684		-200.00	
01-06 'POS Refund	01-05	Check 12656		-200.00	757.97
MERCHANT REFUND TERMINAL 407280 SCHOOL QUTFITTERS 866702847 OH 4856440000009303 SEQ ₱ 100571;07506  01-06 Deposit 1,703.00 2,272.01 01-06 Check 12698 -1,000.00 2,459.01 01-06 Check 12602 -225.00 2,234.01 01-06 Check 12681 -200.00 1,234.01 01-06 Check 12661 -200.00 1,834.01 01-06 Check 12660 -175.00 1,859.01 01-07 Check 12662 -200.00 1,859.01 01-07 Check 12664 -175.00 1,859.01 01-07 Check 12654 -175.00 1,859.01 01-07 Check 12654 -175.00 1,889.01 01-07 Check 12654 -175.00 1,984.01 01-10 Check 12682 -250.00 659.01 01-11 Check 12688 -225.00 434.01 01-12 Check 12696 -200.00 34.01 01-13 Check 12696 -200.00 34.01 01-14 Check 12696 -200.00 34.01 01-15 Check 12696 -200.00 34.01 01-16 Check 12696 -200.00 34.01 01-17 Check 12696 -200.00 34.01 01-18 Check 12696 -200.00 34.01 01-14 Transfer Credit 1,806.00 1,640.01  TRANSFER FROM DEPOSIT ACCOUNT 0707959581 01-14 Check 12669 -225.00 1,381.24 01-19 POS PUIChase -85.00 1,096.24 01-19 Check 12675 -200.00 1,606.24 01-19 Check 12675 -200.00 1,606.24 01-19 Check 11963 -154.17 942.07 01-19 Check 11966 -155.00 16,817.07 01-26 Transfer Credit 16,000.00 16,841.07 01-26 Transfer Credit 16,000.00 16,841.07 01-26 Check 11907 -276.00 16,541.07 01-27 Check 11908 -300.00 16,241.07 01-27 Check 11908 -300.00 16,241.07	01-05	Check 12667		-200.00	557.97
SCHOOL OUTFITTERS 866702847 OH	01-06	POS Refund	11.94		569.01
01-06 Deposit 1.703.00 2,272.01 01-06 Deposit 1,187.00 3.459.01 01-06 Check 12698 -1,000.00 2,459.01 01-06 Check 12602 -225.00 2,234.01 01-06 Check 12681 -200.00 2,034.01 01-06 Check 12661 -200.00 1,834.01 01-06 Check 12660 -175.00 1,659.01 01-07 Check 12692 -200.00 1,459.01 01-07 Check 12671 -200.00 1,259.01 01-07 Check 12654 -175.00 1,284.01 01-07 Check 12654 -175.00 1,289.01 01-07 Check 12654 -175.00 1,084.01 01-07 Check 12654 -175.00 909.01 01-07 Check 12654 -175.00 909.01 01-10 Check 12682 -250.00 659.01 01-11 Check 12682 -250.00 659.01 01-11 Check 12688 -225.00 434.01 01-12 Check 12695 -200.00 234.01 01-13 Check 12696 -200.00 34.01 01-14 Transfer Credit 1,806.00 1,640.01 TRANSFER FROM DEPOSIT ACCOUNT 0707959581 01-14 Check 12669 -225.00 1,381.24 01-18 Check 12669 -225.00 1,381.24 01-19 POS Purchase MERCHANT PURCHASE TERMINAL 469216 METCHAPCE SECURRING 888 METR TX 4856440000005303 SEQ.# 101926000865 01-19 Check 11965 -125.00 817.07 01-26 Transfer Credit 16,000.00 16,841.07 01-26 Transfer Credit 16,000.00 16,841.07 01-27 Check 11965 -226.00 16,541.07 01-27 Check 11907 -276.00 16,541.07 01-27 Check 11908 -300.00 16,241.07		MERCHANT REFUND	TERMINAL 407280		
01-06   Deposit		SCHOOL OUTFITTERS	S 866702847 OH		
01-06   Deposit   1,187.00   3,459.01     01-06   Check 12698   -1,000.00   2,459.01     01-06   Check 12602   -225.00   2,334.01     01-06   Check 12661   -200.00   2,034.01     01-06   Check 12661   -200.00   1,834.01     01-06   Check 12660   -175.00   1,659.01     01-07   Check 12692   -200.00   1,459.01     01-07   Check 12671   -200.00   1,259.01     01-07   Check 12653   -175.00   1,084.01     01-07   Check 12653   -175.00   909.01     01-07   Check 12682   -250.00   659.01     01-10   Check 12668   -255.00   434.01     01-11   Check 12668   -255.00   434.01     01-12   Check 12695   -200.00   234.01     01-13   Check 12696   -200.00   34.01     01-14   Transfer Credit   1,806.00   1,640.01     TRANSFER FROM DEPOSIT ACCOUNT O707959581   -10.00   1,506.24     01-18   Check 12669   -225.00   1,381.24     01-19   POS Purchase   -85.00   1,096.24     01-19   Check 12665   -200.00   1,812.4     01-19   Check 12665   -154.17   942.07     01-19   Check 11965   -154.17   942.07     01-26   Transfer Credit   16,000.00   16,817.07     01-26   Transfer Credit   16,000.00   16,241.07     01-27   Check 11908   -300.00   16,241.07     01-28   Check 11908   -300.00   16,241.07     01-29   Check 11908   -300.00   16,241.07     01-20   Check 11908   -300.00   16,241.07     01-20   Check 11908   -		4856440000009303 SE	Q # 100571207506		
01-06	01-06	' Deposit	1,703.00		2,272.01
O1-06	01-06	' Deposit	1,187.00		
O1-06	01-06	Check 12698		-1,000.00	2,459.01
01-06	01-06	Check 12602		-225.00	2,234.01
01-06	01-06	Check 12681		-200.00	2,034 01
01-07   Check 12692   -200 00   1,459 01     01-07   Check 12671   -200 00   1,259 01     01-07   Check 12654   -175 00   1,084 01     01-07   Check 12653   -175 00   909 01     01-10   Check 12682   -250 00   659 01     01-11   Check 12668   -225 00   434 01     01-11   Check 12695   -200 00   234 01     01-12   Check 12696   -200 00   34 01     01-13   Check 12670   -200 00   -165 99     01-14   Transfer Credit   1,806 00   1,640 01     TRANSFER FROM DEPOSIT ACCOUNT     0707959581   -200 00   1,820 01     01-14   Check 12665   -200 00   1,806 24     01-14   Check 12665   -200 00   1,806 24     01-15   Check 12665   -200 00   1,806 24     01-16   Check 12665   -200 00   1,81 24     01-17   Check 12665   -200 00   1,81 24     01-18   Check 12665   -200 00   1,81 24     01-19   POS Purchase   -85.00   1,096 24     METROPCS RECURRING 888 8METR TX     485644000009303 SEQ # 101926000865     01-19   Check 11966   -125 00   817.07     01-26   Transfer Credit   16,000.00   16,817.07     TRANSFER FROM DEPOSIT ACCOUNT     0707959581   -276.00   16,541.07     01-26   Check 11907   -276.00   16,241.07     01-27   Check 11908   -300 00   16,241.07     01-28   Check 11908   -300 00   16,241.07     01-27   Check 11908   -300 00   16,241.07     01-28   Check 11908   -300 00   16,241.07     01-29   Check 11908   -300 00   16,241.07     01-20   Check 11908   -300 00   16,241.07     01-20   Check 11908   -300 00   16,241.07     01-20   Check 11908   -300 00   16,241.07     01-20   Check 11908   -300 00   16,241.07     01-20   Check 11908   -300 00   16,241.07     01-20   Check 11908   -300 00   16,241.07     01-20   Check 11908   -300 00   16,241.07     01-20   Check 11908   -300 00   16,241.07     01-20   Che	01-06	Check 12661		-200.00	1,834.01
01-07   Check 12671   -200 00   1,259 01     01-07   Check 12654   -175 00   1,084 01     01-07   Check 12653   -175 00   909 01     01-10   Check 12682   -250 00   659 01     01-11   Check 12668   -225 00   434 01     01-12   Check 12696   -200 00   234 01     01-13   Check 12670   -200 00   -165 99     01-14   Transfer Credit   1,806 00   1,640 01     TRANSFER FROM DEPOSIT ACCOUNT   0707959581     01-14   Check 12665   -200 00   1,806 24     01-15   Check 12669   -225 00   1,381 24     01-14   Check 12665   -200 00   1,806 24     01-18   Check 12669   -225 00   1,381 24     01-19   FOS Purchase   -85 00   1,096 24     METROPCS RECURRING 888 6METR TX   485644000009303 SEQ # 10192600865     01-19   Check 11965   -154 17   942 07     01-26   Transfer Credit   16,000.00   16,817 07     TRANSFER FROM DEPOSIT ACCOUNT   0707959581     01-26   Check 11907   -276 00   16,541 07     01-27   Check 11908   -300 00   16,241 07     01-27   Check 11908   -300 00   16,241 07     01-27   Check 11908   -300 00   16,241 07     01-27   Check 11908   -300 00   16,241 07     01-27   Check 11908   -300 00   16,241 07     01-27   Check 11908   -300 00   16,241 07     01-27   Check 11908   -300 00   16,241 07     01-27   Check 11908   -300 00   16,241 07     01-27   Check 11908   -300 00   16,241 07     01-27   Check 11908   -300 00   16,241 07     01-27   Check 11908   -300 00   16,241 07     01-27   Check 11908   -300 00   16,241 07     01-28   Check 11908   -300 00   16,241 07     01-29   Check 11908   -300 00   16,241 07     01-20   Check 11908   -300 00   16,241 07     01-20   Check 11908   -300 00   16,241 07     01-20   Check 11908   -300 00   16,241 07     01-20   Check 11908   -300 00   16,241 07     01-20   Check 11908   -300 00   16,241 07     01-20   Check 11908   -300 00   16,241 07     01-20   Check 11908   -300 00   16,241 07     01-20   Check 11908   -300 00   16,241 07     01-20   Check 11908   -300 00   16,241 07     01-20   Check 11908   -300 00   16,241 07     01-20   Check 11908   -300 00   16,241 07     01-20	01-06	Check 12660		-175.00	1,659.01
01-07         Check 12654         -175.00         1,084.01           01-07         Check 12653         -175.00         909.01           01-10         Check 12682         -250.00         659.01           01-11         Check 12668         -225.00         434.01           01-11         Check 12695         -200.00         234.01           01-12         Check 12696         -200.00         34.01           01-13         Check 12670         -200.00         -165.99           01-14         Transfer Credit         1,806.00         1,640.01           TRANSFER FROM DEPOSIT ACCOUNT           0707959581         180.00         1,820.01           01-14         Check 11963         -13.77         1,806.24           01-14         Check 12665         -200.00         1,606.24           01-14         Check 12665         -200.00         1,812.24           01-18         Check 12669         -225.00         1,381.24           01-19         POS Purchase         -85.00         1,096.24           MERCHANT PURCHASE TERMINAL 469216           MERCHANT PURCHASE TERMINAL 469216           MERCHANT PURCHASE TERMINAL 469216           MERCHANT PUR	01-07	Check 12692		-200.00	1,459.01
O1-07   Check 12653	<del>0</del> 1-07	Check 12671		-200.00	1,25 <u>9</u> .01
01-10         Check 12682         -250.00         659.01           01-11         Check 12668         -225.00         434.01           01-11         Check 12695         -200.00         234.01           01-12         Check 12696         -200.00         34.01           01-13         Check 12670         -200.00         -165.99           01-14         Transfer Credit         1.806.00         1.640.01           TRANSFER FROM DEPOSIT ACCOUNT OTO/9959581           01-14         Deposit         180.00         1.820.01           01-14         Check 11963         -13.77         1.806.24           01-14         Check 12665         -200.00         1,506.24           01-14         Check 12665         -200.00         1,506.24           01-18         Check 12669         -225.00         1,381.24           01-18         Check 12675         -200.00         1,181.24           01-19         POS Purchase         -85.00         1,096.24           MERCHANT PURCHASE TERMINAL 469216           MERCHANT PURCHASE TERMINAL 469216           MERCHANT PURCHASE TERMINAL 469216           MERCHANT PURCHASE TERMINAL 469216           MERCHANT PURCHASE	01-07	Check 12654		-175.00	1,084.01
01-11         Check 12668         -225.00         434.01           01-11         Check 12695         -200.00         234.01           01-12         Check 12696         -200.00         34.01           01-13         Check 12670         -200.00         -165.99           01-14         Transfer Credit         1,806.00         1,640.01           TRANSFER FROM DEPOSIT ACCOUNT           0707959581         -10.00         1,820.01           01-14         Deposit         180.00         1,806.24           01-14         Check 11963         -13.77         1,806.24           01-14         Check 12665         -200.00         1,506.24           01-18         Check 12669         -225.00         1,381.24           01-18         Check 12675         -200.00         1,181.24           01-19         POS Purchase         -85.00         1,096.24           MERCHANT PURCHASE TERMINAL 469216           MERCHANT PU	01-07	Check 12653		-175.00	909.01
01-11         Check 12695         -200.00         234.01           01-12         Check 12696         -200.00         34.01           01-13         Check 12670         -200.00         -165.99           01-14         Transfer Credit         1,806.00         1,640.01           TRANSFER FROM DEPOSIT ACCOUNT 0707959581           01-14         Deposit         180.00         1,820.01           01-14         Check 11963         -13.77         1,806.24           01-14         Check 12665         -200.00         1,506.24           01-18         Check 12669         -225.00         1,381.24           01-18         Check 12675         -200.00         1,181.24           01-19         POS Purchase         -85.00         1,096.24           MERCHANT PURCHASE TERMINAL 469216           METROPCS RECURRING 888 6METR TX           4856440000009303 SEQ # 101926000865           01-19         Check 11965         -154.17         942.07           01-19         Check 11966         -125.00         817.07           01-26         Transfer Credit         16,000.00         16,817.07           TRANSFER FROM DEPOSIT ACCOUNT 0707959581           01-26	01-10	Check 12682		-250.00	659.01
01-12         Check 12696         -200.00         34.01           01-13         Check 12670         -200.00         -165.99           01-14         Transfer Credit         1,806.00         1,640.01           TRANSFER FROM DEPOSIT ACCOUNT 0707959581           01-14         Deposit         180.00         1,820.01           01-14         Check 11963         -13.77         1,806.24           01-14         Check 12665         -200.00         1,606.24           01-18         Check 12669         -225.00         1,381.24           01-18         Check 12675         -200.00         1,181.24           01-19         POS Purchase         -85.00         1,096.24           MERCHANT PURCHASE TERMINAL 469216           METROPCS RECURRING 888 8METR TX           4856440000009303 SEQ # 101926000865         -154.17         942.07           01-19         Check 11965         -154.17         942.07           01-26         Transfer Credit         16,000.00         16,817.07           TRANSFER FROM DEPOSIT ACCOUNT 0707959581           01-26         Check 11907         -276.00         16,541.07           01-27         Check 11908         -300.00         16,241.07     <	01-11	Check 12668			434.01
01-13         Check 12670         -200 00         -165.99           01-14         Transfer Credit         1,806.00         1,640.01           TRANSFER FROM DEPOSIT ACCOUNT 0707959581           01-14         Deposit         180.00         1,820.01           01-14         Check 11963         -13.77         1,806.24           01-14         Check 12665         -200.00         1,606.24           01-18         Check 12669         -225.00         1,381.24           01-18         Check 12675         -200.00         1,181.24           01-19         POS Purchase         -85.00         1,096.24           MERCHANT PURCHASE TERMINAL 469216           METROPCS RECURRING 888 8METR TX           4856440000009303 SEQ # 101926000865         -154.17         942.07           01-19         Check 11965         -154.17         942.07           01-26         Transfer Credit         16,000.00         16,817.07           TRANSFER FROM DEPOSIT ACCOUNT 0707959581           01-26         Check 11907         -276.00         16,541.07           01-27         Check 11908         -300.00         16,241.07	01-11	Check 12695		-200.00	234.01
O1-14   Transfer Credit	01-12	Check 12696		-200.00	34 01
TRANSFER FROM DEPOSIT ACCOUNT 0707959581  01-14	01-13	Check 12670		-200 00	-165.99
0707959581           01-14         Deposit         180.00         1,820.01           01-14         Check 11963         -13.77         1,806.24           01-14         Check 12665         -200.00         1,606.24           01-18         Check 12669         -225.00         1,381.24           01-18         Check 12675         -200.00         1,181.24           01-19         POS Purchase         -85.00         1,096.24           MERCHANT PURCHASE TERMINAL 469216           METROPCS RECURRING 888 8METR TX           4856440000009303 SEQ # 101926000865         -154.17         942.07           01-19         Check 11965         -154.17         942.07           01-19         Check 11966         -125.00         817.07           01-26         Transfer Credit         16,000.00         16,817.07           TRANSFER FROM DEPOSIT ACCOUNT           0707959581         -276.00         16,541.07           01-27         Check 11908         -300.00         16,241.07	01-14	Transfer Credit	1,806.00	<u> </u>	1,640.01
01-14         Deposit         180.00         1,820.01           01-14         Check 11963         -13.77         1,806.24           01-14         Check 12665         -200.00         1,506.24           01-18         Check 12669         -225.00         1,381.24           01-18         Check 12675         -200.00         1,181.24           01-19         POS Purchase         -85.00         1,096.24           MERCHANT PURCHASE TERMINAL 469216           METROPCS RECURRING 888 8METR TX           4856440000009303 SEQ # 101926000865           01-19         Check 11965         -154.17         942.07           01-26         Transfer Credit         16,000.00         16,817.07           TRANSFER FROM DEPOSIT ACCOUNT           0707959581         -276.00         16,541.07           01-26         Check 11907         -276.00         16,241.07           01-27         Check 11908         -300.00         16,241.07		TRANSFER FROM DE	POSIT ACCOUNT		
01-14         Check 11963         -13.77         1,806 24           01-14         Check 12665         -200.00         1,606 24           01-18         Check 12669         -225.00         1,381.24           01-18         Check 12675         -200.00         1,181.24           01-19         POS Purchase         -85.00         1,096.24           MERCHANT PURCHASE TERMINAL 469216           METROPCS RECURRING 888 8METR TX           4856440000009303 SEQ # 101926000865           01-19         Check 11965         -154.17         942.07           01-19         Check 11966         -125.00         817.07           01-26         Transfer Credit         16,000.00         16,817.07           TRANSFER FROM DEPOSIT ACCOUNT           0707959581         -276.00         16,541.07           01-26         Check 11907         -276.00         16,241.07           01-27         Check 11908         -300.00         16,241.07		0707959581			
01-14         Check 12665         -200.00         1,606 24           01-18         Check 12669         -225.00         1,381.24           01-18         Check 12675         -200.00         1,181.24           01-19         POS Purchase         -85.00         1,096.24           MERCHANT PURCHASE TERMINAL 469216           METROPCS RECURRING 888 8METR TX           4856440000009303 SEQ # 101926000865           01-19         Check 11965         -154.17         942.07           01-26         Transfer Credit         16,000.00         16,817.07           TRANSFER FROM DEPOSIT ACCOUNT           0707959581         -276.00         16,541.07           01-26         Check 11907         -276.00         16,241.07           01-27         Check 11908         -300.00         16,241.07	01-14_	Deposit	180.00		1,820.01
01-18         Check 12669         -225.00         1,381.24           01-18         Check 12675         -200.00         1,181.24           01-19         POS Purchase         -85.00         1,096.24           MERCHANT PURCHASE TERMINAL 469216           METROPCS RECURRING 888 8METR TX           4856440000009303 SEQ # 101926000865           01-19         Check 11965         -154.17         942.07           01-19         Check 11966         -125.00         817.07           01-26         Transfer Credit         16,000.00         16,817.07           TRANSFER FROM DEPOSIT ACCOUNT           0707959581         -276.00         16,541.07           01-26         Check 11907         -276.00         16,241.07           01-27         Check 11908         -300.00         16,241.07	01-14	Check 11963		13.77	1,806.24
01-18         Check 12675         -200 00         1,181.24           01-19         POS Purchase         -85.00         1,096.24           MERCHANT PURCHASE TERMINAL 469216           METROPCS RECURRING 888 8METR TX           4856440000009303 SEQ # 101926000865           01-19         Check 11965         -154.17         942.07           01-19         Check 11966         -125.00         817.07           01-26         Transfer Credit         16,000.00         16,817.07           TRANSFER FROM DEPOSIT ACCOUNT           0707959581         -276.00         16,541.07           01-27         Check 11908         -300.00         16,241.07	01-14	Check 12665		-200.00	1,506 24
01-19       POS Purchase       -85.00       1,096.24         MERCHANT PURCHASE TERMINAL 469216         METROPCS RECURRING 888 8METR TX         4856440000009303 SEQ # 101926000865         01-19       Check 11965       -154.17       942.07         01-19       Check 11966       -125.00       817.07         01-26       Transfer Credit       16,000.00       16,817.07         TRANSFER FROM DEPOSIT ACCOUNT         0707959581       -276.00       16,541.07         01-27       Check 11908       -300.00       16,241.07	01-18	Check 12669		-225.00	1,381.24
MERCHANT PURCHASE TERMINAL 469216 METROPCS RECURRING 888 8METR TX 4856440000009303 SEQ # 101926000865  01-19	01-18	Check 12675		-200.00	1,181.24
METROPCS RECURRING 888 8METR TX 4856440000009303 SEQ # 101926000865  01-19	01-19	POS Purchase		-85.00	1,096.24
METROPCS RECURRING 888 8METR TX 4856440000009303 SEQ # 101926000865  01-19		MERCHANT PURCHA	SE TERMINAL 469216		
4856440000009303 SEQ # 101926000865  01-19					
01-19         Check 11965         -154.17         942.07           01-19         Check 11966         -125.00         817.07           01-26         Transfer Credit 16,000.00         16,817.07           TRANSFER FROM DEPOSIT ACCOUNT 0707959581           01-26         Check 11907         -276.00         16,541.07           01-27         Check 11908         -300.00         16,241.07					
01-26 'Transfer Credit TRANSFER FROM DEPOSIT ACCOUNT 0707959581       16,817.07         01-26 Check 11907 -276.00       -276.00       16,541.07         01-27 Check 11908 -300.00       16,241.07	01-19			-154.17	942.07
01-26 'Transfer Credit 16,000.00       16,817.07         TRANSFER FROM DEPOSIT ACCOUNT 0707959581         01-26 Check 11907       -276.00       16,541.07         01-27 Check 11908       -300.00       16,241.07		Check 11966		-125.00	
TRANSFER FROM DEPOSIT ACCOUNT 0707959581  01-26 Check 11907 -276.00 16,541.07  01-27 Check 11908 -300.00 16,241.07		·	16,000.00		
0707959581           01-26         Check 11907         -276.00         16,541.07           01-27         Check 11908         -300.00         16,241.07					-
01-26         Check 11907         -276.00         16,541.07           01-27         Check 11908         -300.00         16,241.07					
01-27 Check 11908 -300.00 16,241.07	01-26		<del></del>	-276.00	16,541.07
					<del></del>
0 ( 0 Deposit (1,000.0)	01-31	Deposit	1,728.00		17,969.07

HALLANDALE SYMPHONIC POPS ORCHESTRA INC January 31, 2011

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Date	Description	Additions	Subtractions	Balance
01-31	' Deposit	1,440.00		19,409.07
01-31	Ending totals	24.055.04	-12.468.94	\$19,409,07

#### CHECKS

Number	Date	Amount	Number	Date	Amount
11907	01-26	276.00	12677 *	01-04	235.00
11908	01-27	300.00	12678	01-04	200.00
11963 *	01-14	13.77	12679	01-05	210.00
11965 *	01-19	154.17	12680	01-04	200.00
11966	01-19	125.00	12681	01-06	200.00
12593 *	01-03	300 00	12682	01-10	250.00
12602 *	01-06	225.00	12683	01-05	200.00
12653 °	01-07	175.00	12684	01-05	200.00
12654	01-07	175 00	12685	01-04	175.00
12655	01-04	200.00	12686	01-04	235.00
12656	01-05	200.00	12687	01-05	225.00
12657	01-05	275.00	12688	01-04	175.00
12658	01-04	250.00	12689	01-04	200.00
12659	01-05	200.00	12690	01-04	200.00
12660	01-06	175.00	12691	01-04	200.00
12661	01-06	200.00	12692	01-07	200.00
12652	01-05	200.00	12694 *	01-04	225.00
12665 *	01-14	200.00	12695	01-11	200.00
12666	01-05	225.00	12696	01-12	200.00
12667	01-05	200.00	12697	01-04	200.00
12668	01-11	225.00	12698	01-06	1,000.00
12669	01-18	225.00	12699	01-04	400 00
12670	01-13	200.00	12700	01-04	100 00
12671	01-07	200.00	12701	01-04	200.00
12672	01-04	225.00	12702	01-05	200.00
12673	01-04	200.00	12703	01-04	300.00
12674	01-05	210.00	<u>1</u> 2704	01-04	300.00
12675	01-18	200.00	1 Skip in che	ck sequence	

1995 E Hallandale Beach Blvd Hallandale FL 33009

Last statement: January 31, 2011 This statement: February 28, 2011 Total days in statement period: 28

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|330085084847|

HALLANDALE SYMPHONIC POPS ORCHESTRA INC PO BOX 85084 HALLANDALE FL 33008-5084 Direct inquiries to: 954-454-5000

City National Bank Of Florida 1995 E Hallandale Beach Blvd Hallandale FL 33009

## City Smart Checking Account

 Account number
 7001688007

 Enclosures
 58

 Low balance
 \$4,258.32

 Average balance
 \$7,385.09

#### DAILY ACTIVITY

Description	Additions	Subtractions	<u>Balance</u>
Beginning balance			\$19,409.07
Check 12652	·· _	-1,000.00	18,409.07
Check 12713	<u> </u>	-250.00	18,159.07
Check 12716		-225.00	17,934.07
Check 12731		-225 00	17,709.07
Check 12742		-200.00	17,509.07
Check 12760		-200.00	17,309.07
Check 12747		-200.00	17,109.07
Check 12755		-200.00	16,909.07
Check 12750		-150.00	16,759.07
Check 12765		-93.87	16,665.20
Check 12763		-300.00	16,365.20
Check 12738	<u> </u>	-260.00	16,105.20
Check 12758		-235.00	15,870.20
Check 12746		-225.00	15,645,20
Check 12714		-200.00	15,445.20
Check 12737		-200.00	15,245.20
Check 12732		-200.00	15,045.20
Check 12729		-200.00	14,845.20
Check 12720		-200.00	14,645.20
Check 12712		-200.00	14,445.20
Check 12711			14.245.20
Check 12728		-200,00	14,045.20
Check 12754	<u></u>	-200.00	13_845.20
Check 12749		_175 00	13,670.20
Check 12736		-100.00	1 <u>3,570.20</u>
Check 12764		-44 00	13,526 20
	Beginning balance Check 12652 Check 12713 Check 12716 Check 12731 Check 12742 Check 12747 Check 12755 Check 12755 Check 12760 Check 12765 Check 12763 Check 12763 Check 12758 Check 12758 Check 12746 Check 12746 Check 12737 Check 12737 Check 12732 Check 12729 Check 12729 Check 12712 Check 12712 Check 12712 Check 12728 Check 12754 Check 12754 Check 12754 Check 12756 Check 12758 Check 12712 Check 12712 Check 12712 Check 12713	Beginning balance Check 12652 Check 12713 Check 12716 Check 12731 Check 12742 Check 12760 Check 12747 Check 12755 Check 12755 Check 12763 Check 12763 Check 12768 Check 12738 Check 12746 Check 12746 Check 12714 Check 12737 Check 12737 Check 12732 Check 12729 Check 12712 Check 12711 Check 12728 Check 12728 Check 12749 Check 12749 Check 12749 Check 12749 Check 12749 Check 12749 Check 12749 Check 12749 Check 12749 Check 12736	Beginning balance         -1,000.00           Check 12652         -1,000.00           Check 12713         -250.00           Check 12716         -225.00           Check 12731         -225.00           Check 12742         -200.00           Check 12760         -200.00           Check 12747         -200.00           Check 12755         -200.00           Check 12760         -150.00           Check 12765         -93.87           Check 12763         -300.00           Check 12763         -300.00           Check 12788         -260.00           Check 12738         -235.00           Check 12746         -225.00           Check 12744         -200.00           Check 12737         -200.00           Check 12732         -200.00           Check 12729         -200.00           Check 12712         -200.00           Check 12711         -200.00           Check 12728         -200.00           Check 12749         -175.00           Check 12749         -175.00           Check 12736         -100.00

HALLANDALE SYMPHONIC POPS ORCHESTRA INC February 28, 2011 Page 2 of 3 7001688007

Date	Description	Additions	Subtractions _	Balance
02-03	Check 12757	_	-400.00	13,126.20
02-03	Check 12715		-275.00	12,851.20
02-03	Check 12745		-235.00	12,616.20
<u>02-03</u>	Check 12752		-225.00	12,391.20
02-03	Check 12726	_ <del></del>	-225.00	12,166.20
02-03	Check 12733		-210.00	11,956.20
02-03	Check 12740		-200.00	11,756.20
02-03	Check 12743	<b>_</b>	-200.00	11,556.20
02-03	Check 12739	<u> </u>	-200.00	11,356.20
02-03	Check 12725	<del></del>	-200.00	11,156.20
02-04	Check 12727		-225.00	10,931.20
02-04	Check 12759		-200.00	10,731.20
02-04	Check 12753		-175.00	10,556.20
02-04	Check 12761		-125.00	10,431 20
02-07	Check 12718_		-200.00	10,231.20
02-07	Check 12719	· <b>-</b>	-200.00	10,031.20
02-08	Check 12756		-1,000,00	9,031.20
02-08	Check 12724		-225.00	8,806.20
02-08	Check 12676		-200.00	8,606.20
02-08	Check 12735		-200.00	8,406.20
02-09	' Deposit	32.00		8.438.20
02-10	Check 12717		-200.00	8,238 20
02-10	Check 12723		-200.00	8,038.20
02-11	Check 12730		-200.00	7,838 20
02-14	Check 11970		<u>-21</u> 8.88	7,619 32
02-15	Check 11969		- <u>1,650.</u> 00	<u>5,969.32</u>
<u>0</u> 2-16	Check 12762		-300 00	5,669.32
02-16	Check 12741		-250.00	<u>5,419.32</u>
02-18	Check 12722		-200.00	5,219.32
02-22	' POS Purchase		-85.00	5,134.32
	MERCHANT PURCHASE TERMINAL 48	59216		
	METROPOS RECURRING 888 8METR	TX		
	4856440000009303 SEQ # 10502400062	26		
02-22	Check 12706		-276 00	4,858.32
02-22	Check 12734		-200.00	4,658.32
02-23	Check 12744		-200 00	4,458.32
02-24	Check 12748		-200.00	4,258.32
02-28	Ending totals	32.00	-15,182.75	\$4,258.32

#### CHECKS

Number	Date	Amount
11969	02-15	1.650.00
11970	02-14	218.88
12652 *	02-01	1,000.00
12676 *	02-08	200 00
12706 *	02-22	276.00
12711 *	02-02	200 00

Number	Date	Amount
12712	02-02	200.00
12713	02-01	250.00
12714	02-02	200.00
12715	02-03	275.00
12716	02-01	225 00
12717	02-10	200.00

HALLANDALE SYMPHONIC POPS ORCHESTRA INC February 28, 2011

Page 3 of 3 7001688007

Number .	Date	Amount
12718	02-07	200.00
12719	02-07	200.00
12720	02-02	200.00
12722 •	02-18	200.00
12723	02-10	200 00
12724	02-08	225 00
12725	02-03	200.00
12726	02-03	225.00
12727	02-04	225.00
12728	02-02	200.00
12729	02-02	200 00
12730	02-11	200.00
12731	02-01	225 00
12732	02-02	200.00
12733	02-03	210.00
12734	02-22	200.00
12735	02-08	200.00
12736	02-02	100.00
12737	02-02	200.00
12738	02-02	260 00
12739	02-03	200.00
12740	02-03	200 00
12741	02-16	250.00
12742	02-01	200 00

Number	Date	Amount					
12743	02-03	200.00					
12744	02-23	200 00					
12745	02-03	235.00					
12746	02-02	225.00					
12747	02-01	200.00					
12748	02-24	200.00					
12749	02-02	175.00					
12750	02-01	150.00					
12752 *	02-03	225 00					
12753	02-04	175 00					
12754	02-02	200.00					
12755	02-01	200 00					
12756	02-08	1,000.00					
12757	02-03	400.00					
12758	02-02	235.00					
12759	02-04	200.00					
12760	02-01	200.00					
12761	02-04	125.00					
12762	02-16	300.00					
12763	02-02	300.00					
12764	02-02	44.00					
12765	02-01	93.87					
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1995 E Hallandale Beach Blvd Hallandale FL 33009

Last statement: February 28, 2011 This statement: March 31, 2011 Total days in statement period; 31

Page 1 of 3 7001688007 (56)

[330085084847]

HALLANDALE SYMPHONIC POPS ORCHESTRA INC PO BOX 85084

HALLANDALE FL 33008-5084

Direct inquiries to: 954-454-5000

City National Bank Of Florida 1995 E Hallandale Beach Blvd Hallandale FL 33009

# City Smart Checking Account

Account number Enclosures 7001688007

Low balance \$2,368.00 Average balance \$6,614.27

#### DAILY ACTIVITY

Date	Description	Additions	Subtractions	Balance
02-28	Beginning balance			\$4,258.32
03-02	Check 12707		-300.00	3,958.32
<u>03-</u> 03	Check 12721		-225.00	3,733.32
03-03	Check 12663		-225.00	3,508.32
03-03	Check 11964		-8 47	3,499.85
03-07	' Deposit	1,242.00		4,741.85
03-07	' Deposit	898.00		5,639.85
03-07	' Deposit	200.00		5,839.85
03-07	POS Purchase		-51.85	5,788.00
	MERCHANT PURCHASE	TERMINAL 449398		
	PUBLIC STORAGE 20619	3 818 244 8 FL		
	4856440000009303 SEQ 1	# 106427999483		
03-08	Check 12818		-400 00	5,388 00
03-08	Check 12792		-250 00	5,138.00
03-08	Check 12799		-235.00	4,903.00
03-08	Check 12797		-235.00	4,658 00
03-08	Check 12785		-225 00	4,443.00
03-08	Check 12821		-200.00	4,243.00
03-08	Check 12777		-200.00	4,043.00
03-08	Check 12793		-200.00	3,843.00
03-08	Check 12801	<del></del>	-200.00	3,643.00
03-08	Check 12808		-200.00	3,443.00
03-08	Check 12816		-200.00	3,243.00
03-08	Check 12780		-200 00	3,043.00
03-08	Check 12800		-200 00	2,843.00
03-08	Check 12810		-200.00	2,643.00
03-08	Check 12803		-175.00	2,468 00

HALLANDALE SYMPHONIC POPS ORCHESTRA INC March 31, 2011

Page 2 of 3 7001688007

Date	Description	Additions	Subtractions	Balance
03-08	Check 12819		-100.00	2,368.00
03-09	Transfer Credit	12,000.00		14,368.00
	TRANSFER FROM DEPOSIT ACCOU			,
	0707959581			
03-09	Check 12802		-250.00	14,118.00
03-09	Check 12811		-200.00	13,918.00
03-09	Check 12781		-200.00	13,718.00
03-09	Check 12790		-200.00	13,518.00
03-09	Check 12632	<del></del>	-200.00	13,318.00
03-09	Check 12693		-200,00	13,118.00
03-09	Check 12751		-200.00	12,918.00
03-09	Check 12812		-200.00	12,718.00
03-09	Check 12786		-200.00	12,518.00
03-09	Check 12775		-200.00	12,318.00
03-09	Check 12794		-185.00	12,133.00
03-09	Check 12779		-175.00	11,958.00
03-09	Check 12814		-175.00	11,783.00
03-09	Check 12798		-175.00	11,608.00
03-10	' Deposit	50.00		11,658.00
03-10	Check 12787		-225.00	11,433.00
03-10	Check 12813		-225 00	11,208.00
03-10	Check 12774		-225 00	10,983.00
03-10	Check 12805	_	-200.00	10,783.00
03-10	Check 12804		-200.00	10,583.00
03-11	Check 12817		-1,000.00	9,583.00
03-11	Check 12820	,	-200.00	9,383.00
03-11	Check 12789	-	-200.00	9,183.00
03-14	1 POS Purchase		-29.68	9,153.32
	MERCHANT PURCHASE TERMINAL	444500		,
	OFFICE MAX HALLANDAL FL			
	4856440000009303 SEQ # 107028100	0390		
03-14	Check 12825		-276.00	8,877.32
03-14	Check 12806		-235.00	8,642.32
03-15	' Deposit	25 00		8,667.32
03-15	Check 12788	<u>,                                    </u>	-225.00	8,442.32
03-16	Check 12809		-200.00	8,242.32
03-16	Check 12772		-200.00	8,042.32
03-16	Check 12773	<u></u> -	-175.00	7,867.32
03-17	Check 12776		-275 00	7,592.32
03-17	' Preauthorized Wd		-114.24	7,478.08
	DLX For Business BUS PROD			
	110317 02020112833128			
03-18	Check 12795	·	-200.00	7,278.08
03-21	' POS Purchase		-85.00	7,193.08
<del>- ·</del>	MERCHANT PURCHASE TERMINAL	469215		
	METROPOS RECURRING 888 8ME			
	485644000009303 SEQ # 10782700			
03-21	Check 12807	· <del>- ·</del>	-225 00	6,968.08
				•

HALLANDALE SYMPHONIC POPS ORCHESTRA INC March 31, 2011

Page 3 of 3 7001688007

Date	Description	Additions	Subtractions	Balance
03-21	Check 12827		-193.90	6,774.18
03-25	Check 12708		-250 00	6,524.18
03-28	Check 12822		-300.00	6,224.18
03-28	Check 12823		-300.00	5,924.18
03-29	' Deposit	200.00		6,124.18
03-31	Check 12824		-300.00	5,824.18
03-31	Ending totals	14,615.00	-13,049.14	\$5,824.18

#### CHECKS

Number	Date	Amount
11964	03-03	8.47
12632 *	03-09	200.00
12663 *	03-03	225.00
12693 *	03-09	200.00
12707 *	03-02	300.00
12708	03-25	250.00
12721 *	03-03	225.00
12751	03-09	200.00
12772 *	03-16	200.00
12773	03-16	175.00
12774	03-10	225.00
12775	03-09	200 00
12776	03-17	275.00
12777	03-08	200.00
12779 *	03-09	175.00
12780	03-08	200.00
12781	03-09	200.00
12785 *	03-08	225.00
12786	03-09	200.00
12787	03-10	225 00
12788	03-15	225.00
12789	03-11	200 00
12790	03-09	200 00
12792 *	03-08	250.00
12793	03-08	200.00
12794	03-09	185.00
12795	03-18	200 00
12797 *	03-08	235 00
12798	03-09	175 00

Number	Date	Amount
12799	03-08	235.00
12800	03-08	200.00
12801	03-08	200.00
12802	03-09	250.00
12803	03-08	175.00
12804	03-10	200.00
12805	03-10	200.00
12806	03-14	235.00
12807	03-21	225.00
12808	03-08	200.00
12809	03-16	200.00
12810	03-08	200.00
12811	03-09	200.00
12812	03-09	200.00
12813	03-10	225.00
12814	03-09	175.00
12816 *	03-08	200.00
12817	03-11	1,000.00
12818	03-08	400.00
12819	03-08	100.00
12820	03-11	200.00
12821	03-08	200.00
12822	03-28	300.00
12823	03-28	300.00
12824	03-31	300.00
12825	03-14	276.00
12827 °	03-21	193 90
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<sup>\*</sup> Skip in check sequence

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CUSTOMER PROFILE - BALANCE SUMMARY

NEXT = PAGE 1 04/18/11 15:55:57

\_\_\_BANK 696 CUST # 00000162209

CUST NAME HALLANDALE SYMPHONIC POPS ORCHESTRA INC CUSTOMER CODES

600 PARKVIEW DR # 1009

HALLANDALE BEACH FL 33009-2913

STATUS OPEN TAX ID F 65-0274175

DATE OPENED 02-07-2000

PRIM PHONE

SEC PHONE

DATE CLOSED BRANCH HALLANDALE BANK

PRIM OFFICER RITA MALHOTRA

COST CENTER 0000700

SEC OFFICER

BNK APPL ACCOUNT NUMBER S OPEN P RELATION CDTYP BALANCE SRA 0 \* 696 CBM 4856440000009303 O 02-07 P SOLE OWNE D 07001688907 29,018 N \* O 07-06 P CORPORATI S 140 696 DP 00707959581 0 06-01 P CORPORATI D 115 8,826 N\*\* 696 DP

696 HH 0903150000264890 O 03-09 P HH RELATE

LAST PAGE

Date: 4/18/2011 Time: 4:56:01 PM

### COMMERCIAL INSURANCE APPLICATION

AG		PRD	CO			L INSU							V				/2010
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150 Westward Drive																	
		gs, FL 33166			_	POLICIES OR P		RAM REQ	VEST	ED			ERWRITER OF		LICY NUMBER		
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ENERAL INFORMATION	AGENCY CUSTOMER ID:	HALLA-1	OP ID: MIV
PLAIN ALL "YES" RESPONSES			Y/N
S THE APPLICANT A SUBSICIARY OF ANOTHER ENTITY?			N
DOES THE APPLICANT HAVE ANY SUBSIDIARIES?			N
IS A FORMAL SAFETY PROGRAM IN OPERATION?			
ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?			
ANY CATASTROPHE EXPOSURE?			- N
ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?			N
ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURIN	G THE PRIOR THREE (3) YEARS? (Not applicable in MQ)		N
ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION	ALLEGATIONS, DISCRUMINATION OR NEGLIGENT HIRING		
DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PR (In R). This question must be answered by any applicant for properly insurance. Failure I year of imprisorument).	OPERTY		[ [ [ 1 ]
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STATE PRODUCER LICENSE NO (Required in Florida) PRODUCER'S SIGNATURE PRODUCER'S NAME (Please Print) Coastal Insurance Group, Inc. CHAPTERINE F. ROVENVENTE NATIONAL PRODUCER NUMBER

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF

APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE

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STATE SUPPLEMENT(S) (If applicable)

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11/17/2010

DATE MINDONYYYY) COMMERCIAL GENERAL LIABILITY SECTION 305-887-5999 APPLICANT Hallandale Symphonic (A/C, No. FAX (A/C, No.): (First Named Insured) castal Insurance Group, Inc. 50 Westward Drive PAYMENT PLAN EFFECTIVE DATE . EXPIRATION DATE DIRECT BILL Tiami Springs, FL 33166-1660 12/06/10 12/06/11 X | AGENCY BILL ANNUAL leastal Insurance Group, Inc. FOR COMPANY USE ONLY SUB CODE: ODE USTOMERIO HALLA-1 COVERAGES LIMITS 2,000,000 PREMIUMS COMMERCIAL GENERAL LIABILITY GENERAL AGGREGATE included PREMISES/OPERATIONS X OCCURRENCE CLAIMS MADE PRODUCTS & COMPLETED OPERATIONS AGGREGATE 1 1,000,000 OWNER'S & CONTRACTOR'S PROTECTIVE PERSONAL & ADVERTISING INJURY . 1,000,000 PRODUCTS EACH OCCURRENCE Ş 100.000 DAMAGE TO RENTED PREMISES (each occurrence) \$ MEDUCTIBLES 1,000 OTHER 500 X PROPERTY DAMAGE MEDICAL EXPENSE (Any one person) 1 500 X BCCILY INJURY EMPLOYEE BENEFITS 4 PER OCCURRENCE TOTAL OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Sacilon, ACORO 137)

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ADDITIONAL INTERE	ST/CERTIFICATE RECI	PIENT _	_ACCRD 45 attached for additional names	HALLA-1	OP ID: MM
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3 IS A FEE CHARGED F f any - by Golfstream					N
RECREATION FACILI	TIES PROVIDED?				N
10 IS THERE A SWIMMIN	IG POOL ON THE PREMISE	\$?	<del></del>		N
11 SPORTING OR SOCK	AL EVENTS SPONSORED?				N
12 ANY STRUCTURAL A	LTERATIONS CONTEMPLA	TED?			N
13 ANY DEMOLITION EX	POSURE CONTEMPLATED?				N
14 HAS APPLICANT BEE	N ACTIVE IN OR IS CURRE	NTLY ACTIVE IN	JOINT VENTURES?		N
15 DO YOU LEASE EMPL	OYEES TO OR FROM OTH	FR EMPLOYERS	25		N
16 IS THERE A LABOR I	NTERCHANGE WITH ANY O	THER BUSINES	S OR SUBSIDIARIES?	···················	N

ENERAL INFORMATION (continued)	HALLA-1	OP ID: MM
(PIJIN ALL "YES" RESPONSES (For all past or present operations)		
* ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?		N
3 HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?		N
3 IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?	<del></del>	N
DOES THE BUSINESSES PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF	THE PREMISES?	N

#### LEMARKS

oncert dates are December 6, January 3, January 31, March 7 & April 11 ddtess fo the venue is Mi V1 The Club at Gulfstream Park 2nd Floor at 501 outh Federal Highway, Hallandale Beach, FL 33009

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES (Not applicable in CQ. FL, HI, MA, NE, OH, OK, OR OF VT. IN DC, LA, ME, TN, VA and VA INSURED ESPECTIVE MAY ALSO BE DEFINED. A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

# GRANT APPLICATION COVER PAGE

1. 2. 62

Organization Name The Community Civic Association, Incorporated
Mailing Address <u>P.O. Box 489</u>
City/State/Zip Code Hallandale Beach, Florida 33008-0489
Phone (954) 394-3678 FaxE-mail <u>ccaofhallandalebeach@yahoo.com</u> (786) 385-8385
Name of Contact Person Delvis Rogers Title President Vice-President
Organization Information
Is the organization incorporated? Yes ☑ No ☐ FEIN# 65-0487085
Does the organization have 501c(3) Tax Exemption Status? Yes ☑ No □
If no, have you applied? Yes □ No □ If yes, provide a copy with your application.
If no, provide the name of the Fiscal Sponsor
Total # of Board Members 4 # of Staff 0 # of Volunteers 12
Does your organization carry Liability Insurance? Yes □ No ☑ Amount
Proposal Information
Program/Project Name 2012 Dr. Martin Luther King, Jr. Weekend Event
Priority Area Addressed ALL Age group ALL # to be served 10,000
Annual Budget \$28,000 Amount of Request \$30,000 Total Project Cost \$27,000
Source of Current Funding The City of Hallandale Beach
Has your organization received funding from the City before? Yes ☑ No □
If yes, Amount Funded \$20,000 Year 2011 # of Residents Served 10,000
Have you attended the city's Capacity Building Workshops conducted by Mr. Non Profit?  Yes □ No □
Give a brief summary of the Previous Project Funded. The event is hosted to generate funds for the CCA Scholarship Fund.
Authorized Signature of Organization Representative Helman Date 5/10/11

## **GRANT APPLICATION**

# 1. ORGANIZATION BACKGROUND INFORMATION (no more than 1 page)

## Give an overview of the Agency Mission, history and current programs/services.

The Community Civic Association has a rich history dating back to the early 1960's. The Northwest Community Civic Association as it was formerly called was formed to improve and address the concerns of the Northwest Section of Hallandale Beach.

Heading the Northwest Community Civic Association were notable people such as the late Dorothy Barnes, John Saunders, and Oreste Blake Johnson. Through the years the Northwest Community Civic Association has gone through adversities and hardships but through it all the organization still thrives. After sometime the name changed to The Community Civic Association where it allowed other residents from Hallandale Beach to come and join the organization.

The Community Civic Association shall operate for charitable, educational, literacy, the prevention of cruelty to children and scientific purposes, as defined within section 501 (c) (3) of the Internal Revenue Tax Code, formed to improve the quality of life for residents residing in the Northwestern Sector of Hallandale Beach, Florida and to promote community goodwill for all residents of Hallandale and other communities through activities that primarily include but not limited to the following:

- > Development of low-income decent, safe, sanitary, and affordable housing beneficial to the public interest.
- Provisions of physical improvements and economic development opportunities
- Educational instruction, social, civic, state of health, and basic living welfare considered useful to individuals and beneficial to the community.

# 2. DESCRIPTION OF PROGRAM/PROJECT (no more than 2 pages)

## Give a general overview of the Program/Project.

The Community Civic Association along with The City of Hallandale Beach sponsors the City's annual Dr. Martin Luther King, Jr. Weekend Events. Every January most of the nation recognizes the slain Civil Rights leader. Our weekend kicks-off with on Saturday with a scholarship luncheon, followed by a memorial worship service on Sunday evening, and concluding on Monday with a parade in the morning and park festival in the afternoon.

# Provide a description of the Issue or Need for your Program/Project?

The overall purpose for hosting the MLK Weekend is generating funds for our scholarship program. With all the monies raised from the scholarship luncheon and the fees the park vendors pay, we are able to provide scholarships to high school seniors who meet the scholarship criteria. The high school seniors may attend any high school in Broward County as long as they reside in Hallandale Beach.

## How will your services address the City's Priority Area you selected?

The overall weekend targets ALL of the City's Priority Area. The primary focus for The Community Civic Association is Education. Our mission is to provide scholarships and book stipends to deserving high school seniors. The Community Civic Association track record for the number of scholarships is very good.

#### Who will be served and number to be served?

Our scholarship program is open to <u>ANY</u> student the meets the criteria and stipulations the scholarship committee has set forth. Depending on the amount of seniors who apply and meet the criteria that's how many scholarships will be given.

#### Number of Hallandale Beach residents that you will serve.

It will depend on the amount of high school seniors who will apply and qualify.

#### How will your services benefit participants?

Our services benefit the high school seniors because it helps them to pay for their educational expenses as well as book and material expenses.

#### Will there be a Fee for services?

There is no application fee.

# Will you provide scholarships or waivers?

Yes, we provide scholarships and or book stipends to high school seniors who meet the scholarship program qualifications.

#### How will the community benefit?

Our community benefits from this because the scholarship opens up doors to have one less young adult on the street.

#### Other agencies or organizations involved in the project?

We graciously have the support of the City of Hallandale Beach and some of the City's Departments.

# **GRANT APPLICATION**

# 3. METHOD OR STRATEGY FOR IMPLEMENTATION (no more than 1 page)

# Describe the specific activities to achieve Goals and Objectives.

The primary goal for hosting the MLK events is to fundraise monies for The Community Civic Association Scholarship Fund.

## Who will be responsible for the overall project?

The Community Civic Association and the sub-committees are responsible for the overall functioning of the MLK Weekend Events.

#### What staff will be involved?

Alongside The Community Civic Association is usually some if the City's Departments. These departments include Parks and Recreation Department, the Police Department, and the Public Works Department. Being that our parade cuts off a major vessel in the City's transportation system we also work with the Florida Department of Transportation (FDOT) to ensure a successful event.

# Include potential partners or collaborations

The Community Civic Association is open to welcoming any organization that would like to come and be part of the planning process. Currently, we have an offer to work with a non-profit business out of Hollywood, Florida.

# What is the time frame for implementing the project?

Back in the month of March we began the initial planning for the 2012 MLK Weekend Events. The weekend event will take place from January 14-16, 2012

#### Provide the locations of where you will provide services.

The scholarship luncheon will take place at the Community Cultural Arts Center in Hallandale Beach. A memorial service is usually held on Sunday at the location is to be announced. The parade takes place in Hallandale as well as the park festival; which is held at O.B. Johnson Park.

### Days and hours of operations.

The Annual Scholarship Luncheon will be held on Saturday, January 14, 2012 from 12:30 P.M. until 3:30 P.M.

The memorial worship service will be held on Sunday, January 15, 2012. Time and location is to be announced.

The parade and park festival will be held on Monday, January 16, 2012 from 10:00 A.M. until 5:00 P.M.

## GRANT APPLICATION

# 4. EVALUATION (no more than 1 page)

# How will you address the issues/s, make improvements or achieve success?

The success of the MLK Events is achieved with everyone's help. The Community Civic Association is made up of a small core group of people whose tasks range anywhere from booking national recording artists to perform at one of the weekend events to booking golf carts. Without this core group the annual MLK event would not be possible.

# What methods will you utilize to measure success or benefits (i.e. attendance, surveys, pre-post test, etc)?

Most of the time event participants will address certain concerns or suggestions on how the event could improve or what needs to be done to address a certain area of concern verbally. On the other hand the Community Civic Association also does a small survey at the scholarship luncheon to gauge the success of that function. Some of the questions range from asking how the host of the program was to asking about the overall format and content of the souvenir booklet.

Another area we look at relatively is the attendance records at the functions. We evaluate ticket sales and then compare and contrast the amount of tickets sold from year to year. For example ticket sales were relatively low in 2009 due to the Presidential Inauguration but were up again in 2010. Our parade attendance was also relatively low in the same year.

#### How often will you evaluate your services?

The Community Civic Association evaluates the overall weekend functions a couple of days after the event. The assessment is done with the Board members as well as the different persons who played an active part in the planning process.

# **GRANT APPLICATION**

# 5. SUSTAINABILITY (no more than 1 page)

# If you receive 50% of the amount requested how will you operate services?

If The Community Civic Association receives more than 50% of the amount requested we will apply that equally to the functions we hold every year. These functions include the Annual Scholarship Luncheon, a Parade, and a Park Festival.

# If you do not receive funding, will you still operate services?

If we do not receive we shall still honor the Life and Legacy of Dr. King.

What other Funding Sources have you submitted requests for this program/project? The CCA Board of Directors has been working tirelessly with Mr. Tony Beall to locate private, public and corporate sponsorship for an event of this magnitude.

#### Have you been funded or received a commitment letter?

Although we are still looking, unfortunately we have not received any additional funding from any other sources.

### What is your organization's Sustainability Plan for the next three years?

Our organization's sustainability plan for the next three years:

Long-term Vision: It is the CCA's goal to become financially independent from the City of Hallandale Beach in regards to funding for our MLK Weekend Event. Through the implementation of sustainability goals we shall achieve this.

Goal 1: (0-1 year); Complete a full sustainability assessment of the MLK Weekend Events.

Goal 2: (2 Year): Have at least 50% of the Board know where to find resources on bringing sustainability to the Community Civic Association. Begin the initial phase of becoming sustainable.

Goal 3: (3 Year): Implement sustainability policies and procedures.

# **GRANT APPLICATION**

6. BUDGET INFORMATION Ple	ase fill in information as requested.
---------------------------	---------------------------------------

# PROPOSED PROJECT NAME: 2012 Dr. Mortin Luther King, Ir Event

ITEM	GRANT REQUEST	OTHER GRANT FUNDS	INKIND	JUSTIFICATION
Personnel Cost	\$1,500.00			Paid persons
Consultants	\$7,000.00		]	Event Planners
Supplies	\$3,000.00			Materials for parade signs, etc.
Equipment*	\$400.00		<del> </del>	Walkie Talkie's
Travel	\$2,800.00	-	]	Gas vouchers for business runs
Facility Rental/Fees				
Marketing	\$7,500.00			4x6 flyers, radio infomercial
Printing	\$4,800.00			Souvenir Books, tickets, etc.
Other (specify)	\$3,000.00			Rental Cars, Golf Carts, etc.
TOTALS	\$30,000.00			TOTAL BUDGET: \$30,000.00
* Equipment p	ourchased over	\$500 may become	the property	of the City of Hallandale Beach.

sease provide the amount of the percentage of Authinist? Cost for this budget 15%.

# CERTIFICATION

I certify that the information contained in the Application, including Budget and Attachments
(supporting materials) are true and correct to the best of my knowledge.

1 Don Boy	5/10/11	
Signature of Authorized Representative	Dáte ´	
Pasider		
Title		

# **GRANT APPLICATION**

# APPLICATION CHECKLIST

Please initial below as confirmation that each of the required documents has been submitted with the Application for review.

<u>K</u>	COVER PAGE
æ_	APPLICATION CHECKLIST
$\mathcal{Z}_{\underline{L}}$	Copy of Organization Non-Profit Status Letter from IRS
$\mathcal{L}_{-}$	List of Board Members, Director/Agency Head, Titles and Addresses
£1	Evidence of Incorporation for State of Florida (www.sunbiz.org)
<b>X</b>	Evidence of Financial Soundness (990 form) or documentation from a Financial Institution showing three (3) months of operating expenses
$\bigcirc$	Letters of Support for the project (limit to three (3))
AS_	Memorandum of Understanding/s if partnering with any organization/s
	Key Staff Resumes
De	Copy of the organization's Certificate of Insurance and/or a Letter of Indemnity (holding the City of Hallandale Beach harmless)

## GRANT APPLICATION

### **ATTACHMENTS**

Please include with the Grant Application one (1) copy of the following:

- 1. COVER PAGE
- 2. APPLICATION CHECKLIST
- 3. ATTACHMENTS
  - a. Copy of Organization Non-Profit Status Letter from IRS
  - b. List of Board Members, Director/Agency Head, Titles and Addresses
  - c. Evidence of Incorporation for State of Florida (www.sunbiz.org)
  - d. Evidence of Financial Soundness (990 form) or documentation from a Financial Institution showing three (3) months of operating expenses
  - e. Letters of Support for the project (limit to three (3))
  - f. Memorandum of Understanding/s if partnering with any organization/s
  - g. Key Staff Resumes
  - f. Certificate of Insurance or Letter of Indemnity
- 4. GRANT APPLICATION: Submit one (1) original and nine (9) copies. Please, do not use binders. Staple all documents securely):

# **SUBMIT GRANT REQUESTS TO:**

City of Hallandale Beach Attn: City Manager's Office 400 S. Federal Highway Hallandale Beach, Florida 33009

# DEADLINES AND NOTIFICATION

- 1. Application deadline is at 4:00 pm on Monday, May 9, 2011. NO EXCEPTIONS!
- A Grant Workshop will be held on Monday, April 11, 2011, from 2:00 pm - 4:00 pm at the Cultural Community Center, 410 SE 3<sup>rd</sup> Street, Hallandale Beach, Florida.
- 3. Notification of Awards for funding will be made September 2011.
- 4. No phone calls accepted. Notification of Award will be made via mail.



# Consumer's Certificate of Exemption

OR-14 R. 04/05 04/08/10

# Issued Pursuant to Chapter 212, Florida Statutes

 85-8013350730C-7
 05/31/2010
 05/31/2015
 501(C)(3) ORGANIZATION

 Certificate Number
 Effective Date
 Expiration Date
 Exemption Category

This certifies that

THE COMMUNITY CIVIC ASSOCIATION INC 300 NW 10TH ST HALLANDALE FL 33009-2335

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



# Important Information for Exempt Organizations

DR-14 R. 04/05

- 1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (FAC).
- 2. Your Consumer's Certificate of Exemption is to be used solely by your organization for your organization's customary nonprofit activities.
- Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
- 4. This exemption applies only to purchases your organization makes. The sale or lease to others by your organization of tangible personal property, sleeping accommodations or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, FAC).
- 5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third degree felony. Any violation will necessitate the revocation of this certificate.
- 6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Central Registration at 850-487-4130. The mailing address is PO BOX 6480, Tallahassee, FL 32314-6480.

The Community Civic Association, Inc. P.O. Box 489 Hallandale Beach, Florida 33008-G489

# **Board of Directors**

President

Delvis Rogers

404 NW 3<sup>rd</sup> Ave, Hallandale Bch, FL 33009

Vice-President

James Tucker

300 NW 10<sup>th</sup> **\$**t, Hallandale Bch, FL 33009

Treasurer

Julia Rogers

404 NW 3<sup>rd</sup> Ave, Hallandale Bch, FL 33009

Financial Secretary

Gloria Stoner

920 SW 8<sup>th</sup> Ave, Hallandale Bch, FL 33009

# FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



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# Detail by Entity Name

# Florida Non Profit Corporation

THE COMMUNITY CIVIC ASSOCIATION, INCORPORATED

# Filing Information

Document Number N93000002830

FEI/EIN Number 650487085

**Date Filed** 06/23/1993

State

Status ACTIVE
Last Event AMENDMENT

Event Date Filed 06/22/2009

Event Effective Date NONE

# Principal Address

750 N W, 8TH AVE.

HALLANDALE BEACH FL 33009

Changed 02/20/2009

# Mailing Address

HALLANDALE FL 33008

Changed 04/21/2004

### Registered Agent Name & Address

ROGERS, DELVIS D PD

404 NW 3 AVENUE

HALLANDALE BEACH FL 33009 US

Name Changed: 04 07/2011

Address Changed, 02/20/2009

#### Officer/Director Detail

#### Name & Address

Tille PD

ROGERS, DELVIS D 404 NORTHWEST 3RD AVE HALLANDALE BEACH FL 33009

Title VPD

TUCKER, JAMES L 300 NW 10 ST HALLANDALE BEACH FL 33009

PERRY-ROGERS, JULIA A 404 NW 3 AVENUE HALLANDALE BEACH FL 33009

Title FSD

STONER, GLORIA 920 GW 8TH AVENUE HALLANDALE BEACH FL 33009 ROGERS, DELVIS D 404 NW 3 AVENUE HALLANDALE BEACH FL 33000 Annual Reports Report Year Filed Date 2009 02/20/2009 2010 04/23/2010 2011 04/07/2011 Document Images 24 3 TO STEEL AND 2 NOTES TO 1 View image in PDF format JA 230 N. CO. - ANNIC AL PERCRIP View image in PDF format -0-, 20 2000 — Америфиянц View image in PDF format 02/20.0000 - WMUAL REPORT! View image in PDF format UZ ZI DODE - ANDIJAL REPORT View image in PDF formal 24-30-3001 - ANNUAL REPORT | View image in PDF format 35,22,2006 - WALLAURERGREE View image in PDF format ULICTROPS - VARUAL REPORT View image in PDF format 1991 (2004 - ANNOY), REPORT View image in PDF format 04 21 2001 - ANNUAL REPORT View image in POF format 04/25/2000 - ANNUAL REPORT. View image in PDF format TOURSTOOK -- ANNUAL REPORT! View image in PDF format CILITI2001 - Restated Articles View image in PDF format 09.11/b000 - ANNUAL REPORT View image in PDF format 11/02/1999 - ANNUAL REPORT View image in PDF format 0 #25/1999 - ANNUAL REPORT View image in PDF format 08/06/1093 -- ANNUAL REPORT View image in PDF format 05.09/1997 -- ANNUAL REPORT View image in PDF format 91 25/1996 -- ANNUAL REPORT View image in PDF format View image in PDF format 04.24/1996 -- ANNUAL REPORT 05.0 M 1995 - ANNUAL REPORT View image in PDF format Note: This is not official record. See documents if question or conflict. Prevension List Return To List Mext on List Entity Name Search Submit 1 Esenta Mamb History | Mounter of Contractions | Contemporal Services | 12-5 ling Services | Forms of the print Cita veget & and ler (30), Poir As State of Florein (Jeunt meil influcate

## THE COMMUNITY CIVIC ASSOCIATION 2010 - 990 PREPARATION

ACCOUNTING REPORT FEE

HOW MANY SCHOLARSHIPS WERE AWARD FOR THE 2010 YEAR?	10	
PIONN WESS BING BY MEMBERS IN DIFFS BOX SOTOS	\$150,00	
ARE MEMBERS STILL RUNNING OPERATIONS FROM THEIR OFFICES AND/OR HOMES?	755	
REVENUES:		
HOW MUCH WAS RECEIVED IN DONATIONS?		
1 MARLINS YEARLY CONTRIBUTION \$500		
2 KIWANAS CLUB, JOY COOPER, PALMS OF COALITION		
3 COMMISSIONER KEITH LONDON - VOLUNTEER Y-SHIR75		
4 ROTARY CLUB - FOR MGSSS PERFORMERS AT LUNCHEON		
S FUNDING FROM CITY OF HALLANDALE	\$21,310 GC	]
HOW MUCH WAS RECEIVED IN FUND RAISING?		
SCHOLARSHIP LUNCHEON TICKET SALES	\$3,360 00	]
SOUVENIR ADS	\$2,105 00	]
LUNCHEON NON-FOOD VENDORS	\$150.00	7
	57,700 00	1
PARK FOOD AND NON-FOOD VENDORS		• -
CTHER	\$1,125 00	4
	TOTAL REVENUE.	\$30.900.00
EXPENSES:		
SCHOLARSHIP AMOUNT DISTRIBUTED		\$10,000.00
WHAT EQUIPMENT, IF ANY, WAS PURCHASED IN 2010 (waskie-talkies, printer, fax. etc.)		
1 PRINTING SUPPLIES		
2		
3		
4		
s		
	TOTAL SUPP/EQUIP	\$215.76
CORPORATION RENEWALIFEE (STATE FILING)         \$61.25           ANNUAL POSTALIFEES         \$ 110.00           ACCOUNTING FEE(S)         \$ 1,200.00           ACCOUNTING REPORTIFIES         \$ 200.00		

		TOTALFEES	\$1,571.25
GUEST SPEAKER COORDINATOR(S) DISC IOCKEY CATERER DECORATIONS ENTERTAINMENT PRINTING SERVICES SCHOOL BAND(S) CAR RENTALS GOLF CARTS AUDIO/SOUND PRODUCTION KIDS CARN VALIRIDES & GAMES	5360 00 \$2,337 00 \$1,255 00 \$3,483.50 \$506 00 \$4,050 00 \$2,159 67 \$2,800 00 \$173 34 \$350 00 \$1,860 00 \$2,960 00	EYENT EXPENSES	522,31 <del>9</del> <b>5</b> :]
OTHER			
1 REIMBURSEMENT TO JAMES TUCKER			
2 ECO TROPHY - MLK			
3 CHRISTMAS FELLOWSHIP EVENT ON DEC	EMBER 23, 2010		
4 CCA 40 / ATTUCKS SOUVENIR BOOKLET			
5 CCA AD / ST ANNE'S BOOKLET			
6 TRANSFERRED MONIES TO SMALL ACCT	TO AVOID CHARGES		
		TOTAL OTHER	-51(992.8)
		TOTAL EXPENSES:	\$36,099 33
DOCUMENTS REQUEST:			
PROVIDE COPIES OF BANK STATEMENT BEGINNING	DECEMBER 2009 THROUGH JANUARY 2011	EMAILED	
PROVIDE A LIST OF BOARD MEMBERS, OFFICERS AN	D STAFF	ATTACHED	
INDICATE THE NUMBER OF HOURS SPENT PER WEE	K BA EYCH IVIDIAIDAT	ATTACHED	
INDICATE ANY COMPENSATION PROVIDED FO EACH	HINDIYIDUAL	NONE	



# Rogers Suneral Kome

# "Quality and Family First"

2527 Opa-Locka Blud, Opa-Lockn, HL 33054 Phone: (305) 381-5361 Fax: (305) 640-5962

To: City of Hallandale Beach

Fm: Delvis Rogers, Rogers Funeral Home

Re: Letter of Support

April 21, 2011

To Whom It May Concern,

This letter is written to express my deepest pledge to The Community Civic Association and the MLK Planning Committee, I believe that honoring the Life and Legacy of Dr. Martin Luther King, Jr. is very important in today's society. We are still fighting for equality and other important issues that come up from day to day.

I believe as a young leader in the community and as a business owner that events such as the Annual Dr. Martin Luther King Jr. Event inspire young adults such as me to continue to striving and no matter what don't give and hold on.

If you have any questions, comments or any concerns please do not hesitate to contact me.

Sincerely Yours,

Delvis Rogers
President/CEO

# The Community Civic Association, Incorporated Memorandum of Understanding (MOU)

This Memorandum of Understanding is established for the purpose of developing a partnership between <u>The Community Civic Association</u> and <u>The City of Hallandale Beach</u> whose intent is to provide a weekend fellowship for <u>The 2012 Dr. Martin Luther King, Ir. Weekend Events</u> to <u>ALL</u> who reside in the city of Hallandale Beach, Florida.

Both parties agree to work cooperatively to support and enhance services that will be provided to the community. Both parties acknowledge its responsibility to the following:

# The Community Civic Association, Inc. shall:

- Cooperate with the City of Hallandale Beach and/or potential sponsors.
- Keep the Dream and Vision of Dr. Martin Luther King, Jr.
- Provide a fun, safe, and enjoyable weekend for <u>ALL</u> to enjoy.

# The City of Hallandale Beach shall:

- Cooperate with The Community Civic Association and/or potential sponsors.
- Continue to help keep the Dream and Vision of Dr. Martin Luther King, Jr. alive.

Both parties agree that this Memorandum of Understanding shall be in affect upon signing of both parties and can be terminated by either party at any time provided that there is thirty (30) days notice in writing.

The signature(s) below acknowledges the agreement with this Memorandum of Understanding

Title
Prosident_
Date
5/10/11
Title
<del></del>
Date



# The Community Civic Association, Incorporated P.O. Box 489 Hallandale Beach, Florida 33008-0489

# STATEMENT OF INDEMNIFICATION AND WAIVER OF LIABILTY

To the City of Hallandale Beach: In consideration of the grant funds awarded to The Community Civic Association, Inc. named in this Waiver form for this program, the undersigned organization hereby knowingly, freely and voluntarily RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE THE CITY OF HALLANDALE BEACH, its officers, agents, employees and volunteers from any and all liability or claims which may be sustained by clients or employees directly or indirectly in connection with or arising out of participation in this program/project, whether caused in whole or in part by the negligence of The Community Civic Association, Inc. or otherwise.

The undersigned, on behalf of <u>The Community Civic Association, Inc.</u>, shall indemnify and save harmless the City of Hallandale Beach from and against all judgments, orders, decrees, attorney's fees, cost expense and liabilities arising from or out of such claim, investigation or defense thereof which may be entered, incurred or assessed against the City of Hallandale Beach as a result of the foregoing.

I, THE UNDERSIGNED, HAVE READ THIS DOCUMENT, FULLY UNDERSTAND ITS TERMS AND UNDERSTAND THAT ON BEHALF OF THE COMMUNITY CIVIC ASSOCATION, INC. DESCRIBED HEREIN, FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ANY AND ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IN ANY PORTION OF THIS DOCUMENT IS HELD TO BE INVALID THE BALANCE NOTWITHSTANDING, SHALL CONTINUE IN FULL LEGAL FORCE AND EFFECT.

Print Name: 120/16 Korges Title: Pris. don't

Light Name: 5/16/11

Signature of Authorized Person Date

# GRANT APPLICATION COVER PAGE

Organization Name Areawide Council on Aging of Broward County, Inc.
Mailing Address 5300 Hiatus Road
City/State/Zip Code Sunrise, Florida 33351
Phone (954) 745-9567 Fax (954) 745-9584 E-mail lederbee@elderaffairs.org
Name of Contact Person: Edith Lederberg Title: Executive Director
Organization Information
Is the organization incorporated? Yes XX No □ FEIN#
Does the organization have 501c(3) Tax Exemption Status? Yes XX No □
If no, have you applied? Yes $\square$ No $\square$ If yes, provide a copy with your application.
If no, provide the name of the Fiscal Sponsor
Total # of Board Members 18 # of Staff 46 # of Volunteers 150
Does your organization carry Liability Insurance? Yes xx No   Amount \$2,000,000  General Aggregate
Proposal Information
Program/Project Name Fair Share Request for Mandated Local Match Appropriations
Unduplicated Priority Area Addressed: <u>Senior Programs</u> Age group: <u>60+</u> # to be served: <u>513</u> Fair Share Fair Share
Annual Budget \$29,473,821 Amount of Request \$37,830 Total Project Cost \$1,616,514
Source of Current Funding: Federal/State/Local Match/Fundraising
Has your organization received funding from the City before? Yes XX No □
If yes, Amount Funded <u>\$ 47,204</u> Year <u>2011</u> # of Residents Served: <u>Unduplicated-531</u>
Have you attended the city's Capacity Building Workshops conducted by Mr. Non Profit?  Yes □ No XX
Give a brief summary of the Previous Project Funded: <u>The Areawide Council is mandated to raise a local 10% match for the majority of projects funded through our aegis. These include: Meals-on-Wheels; Alzheimer's and other Frail Elder Programs; senior centers; legal, and minor home repair programs.</u>
Authorized Signature of Organization Representative

## **GRANT APPLICATION**

# APPLICATION CHECKLIST

Please initial below as confirmation that each of the required documents has been submitted with the Application for review.

**COVER PAGE** 

APPLICATION CHECKLIST AND REQUESTED DATA

Copy of Organization Non-Profit Status Letter from IRS

List of Board Members, Director/Agency Head, Titles and Addresses

Evidence of Incorporation for State of Florida (www.sunbiz.org)

Evidence of Financial Soundness (990 form) or documentation from a Financial Institution showing three (3) months of operating expenses

Letters of Support for the project (limit to three (3))

Memorandum of Understanding/s if partnering with any organization/s

**Key Staff Resumes** 

Copy of the organization's Certificate of Insurance and/or a Letter of Indemnity (holding the City of Hallandale Beach harmless)

# #1 – ORGANIZATION BACKGROUND INFORMATION

Since 1974, the Areawide Council on Aging of Broward County(Aging and Disability Resource Center) has been the prime planning, coordinating, funding and advocacy body for services benefitting the multiple needs of Broward residents 60 years of age and older. Our prime mission is to assure the merited right of local elders to live their retirement years, with dignity, within their accustomed environments. The Council is the hub of a wheel, through which a majority of Federal, State, County and municipality appropriations flow. As a nonprofit 501(c)(3) organization, we work closely with other Broward service providers to assure there is no duplication of services. Our waiting lists, for in-home services, are long because funding cannot keep up with the demand of an escalating "older old" population. Our projects include: Meals-on-Wheels; focal point and satellite senior centers; adult day care; Alzheimer's Programs; legal; minor home repair; information and referral; and a variety of in-home services developed to help maintain frail seniors in the community, rather than nursing homes.

# #2 - Description of Program/Project

The Areawide Council on Aging is the prime funding source for 25 Broward Projects. Those, which receive Federal Older Americans Act, and State Community Care for the Elderly Allocations, are mandated to raise a local 10% match. Our nonprofit 501(c)(3) organization employs a Fair Share Methodology to endeavor to raise as much of the required match as possible, by preparing computerized records of all services provided to each municipality's elder residents and seeking contributions predicated on the number of seniors in the city times 2/3 of the dollar amount representing one elder. The County is requested to provide the other 1/3, plus the Total Fair Share representing residents of unincorporated Broward.

Through this mechanism, the Aging and Disability Resource Center appears, by request, before the various electorates, to represent the network under its aegis.

Over 345,064 seniors, 60 years of age and older, are year-round residents of Broward County. Although many are self sufficient and well able to care for their own needs, a considerable number require assistance, whether it be a meal, adult day care, transportation to and from senior center, and/or in-home respite. Waiting lists for in-home assistance, such as homemaker and personal care are lengthy. Since the fastest growing population, in the senior sector, is the group over 75, and because our prime goal is to assure the merited right of Older Browardians to remain in their accustomed environments, our commitment is very strong toward raising the local match, as well as conducting fundraisers.

Health and Wellness is the priority issue as well as a need our nonprofit organization is addressing, through our projects, especially through our Elder Helpline. Since our prime goal is to prevent or delay institutionalization of elders, our planning and funding endeavors are to assure that information and referral are available, as well as that a continuum of services is initiated and perpetuated to involve independent and homebound seniors. Their independence and wellbeing, through support from line staff, are prime goals of our planning processes.

Under Federal Older Americans Guidelines, people, over 60 years of age, may participate in all programs regardless of income. Priority is shown to low income minorities whenever possible. There are no set fees for services, but contributions are requested. These donations are put back into the projects. For State Community Care for the Elderly Programs, payment is on a sliding scale, and all monies raised are placed into the program. The number of unduplicated Hallandale residents, served in 2010, was 531. The unduplicated number of clients served countywide in 2010 was 15.856. We hope to be able to repeat that number this year. Many received multiple services through our project network. In 2011, we are hoping to provide services to at least the same number of Hallandale Beach residents, as in 2010, as already noted. That number is 531.

Our services, ranging from Meals-on-Wheels, to Adult Daycare, include a multitude of potential methods of assisting clients. Participants may benefit in many manners, depending on the services in which they are involved. As examples: meals provide nutritional substances; adult daycare offers a "home away from home to frail elders who are unable to be left alone, and also helps caregivers who work or are otherwise inhibited by the constant responsibilities of oversight for their loved ones. Senior Centers offer classes, social networking and transportation to and from their location.

# #2 - Description of Program/Project Continued

For Federally Funded Older Americans Act Programs, participants are afforded the opportunity to contribute for services, but there is no set fee, and participants cannot be denied aid. For State Funded Services, clients are assessed, on a sliding scale, and they pay a portion of the monies associated with their care. Low income seniors pay nothing.

As already noted, our services are available for elders, 60 years of age. Scholarships are not appropriate for our services. Although, our nonprofit organization administers several waiver programs, we do not seek match since it is not mandated for these services, which primarily address very low income seniors' needs.

Hallandale Beach Elders will benefit from the nutriment of food, social activities, transportation, Alzheimer's Respite and in-home assistance, planned and expedited to help keep them safe, secure, and well in their accustomed environments. Caregivers will be aided by the knowledge and experience that their loved ones are being maintained with appropriate oversight. The prevention of premature nursing home placement will save all taxpayers money, since Medicaid Patients' Nursing Home Costs are covered by governmental monies.

The Areawide Council on Aging funds twenty-five projects throughout Broward County. Among these are: Meals on Wheels; Senior Centers; Adult Day Care; Respite; and Alzheimer's Programs. We endeavor to raise mandated match for each project requiring match.

(See Brochure on our website at <a href="https://www.adrcbroward.org">www.adrcbroward.org</a>)

# #3 - METHOD OR STRATEGY FOR IMPLEMENTATION

Our prime goals are to provide as many services to Broward's seniors as possible with funds appropriated by the Federal and State Governments and matched locally by the County and municipalities. The prime objective is to assure the merited right of Older Browardians to live their retirement years, with dignity, in a safe and secure environment.

The Aging and Disability resource Center, as the Project of the Areawide Council on Aging, has the responsibilities associated with oversight for the 25 projects funded through our aegis. The Council contracts with the provider network, and ADRC Staff monitors each project to assure the accuracy of required reports, as well as their timeliness.

The ADRC holds quarterly meetings with the project network, and also collaborates with other specifically aging oriented groups, such as the Broward Alzheimer's Coordinating Council, Broward Coalition on Aging and the Broward Alliance for Aging, as well as the Coordinating Council of Broward.

Our calendar year, in accordance with the Federal Older Americans Act is January 1 – December 31. The projects, such as senior centers and meal sites, are strategically placed throughout Broward, with some projects, like Meals-on-Wheels and In-Home Services being countywide.

Our offices are open, from 8:00 a.m. – 5:00 p.m., Monday – Friday. Our projects have varying hours of operation, but the majority follow the same timeframes, or 9:00 a.m. – 5:00 p.m., Monday-Friday.

# #4 - EVALUATION

Our ADRC monitors the projects regularly, through both site visits and reviews of required written reports. Contract spending also is evaluated through financial reports. These data reflect participation numbers, meals served, and spending patterns. We also distribute and collect client satisfaction surveys. The processes are ongoing. More importantly, our Program and Fiscal Personnel are available to confer with Project Directors on a regular basis. Quarterly reports are submitted, by the Projects, to our offices, and we perform in-depth evaluations of the material. The State Department of Elder Affairs, in turn, monitors the ADRC, by visits, through study of computer reports and ongoing review of other submitted materials, such as monthly invoices and surplus/deficit reports.

# #5 - SUSTAINABILITY

Without the total cash match, funding to our projects would be lessened! As an example, if a meal costs \$4 and the match pays 40 cents of that figure, we cannot purchase the meal for \$3.60 or employ in-kind match for the same 40 cents amount. Cash match is essential. If personnel has to be paid, and there is insufficient cash, to cover the expense, the projects would have a lower employment capacity. Services would lessen, especially for respite and adult day care projects, which have strict client/staff ratios.

Services would continue if funding were not provided, but because of the negative impact on Fair Share, client counts and meals would lessen, and hours of direct assistance would be curtailed.

We are sending Fair Share Requests to Broward County Government, as well as all municipalities in our County.

The Areawide Council on Aging already has been notified that the County has approved the Full Fair Share Allocation. The Fair Share Request Processes, for 2012, began in April, 2011, and they are ongoing at the present time.

The Areawide Council on Aging and its project, the Aging and Disability Resource Center primarily are funding services with Federal Older American and State Community Care for the Elderly Act Monies. We are awaiting word about Federal Funding but have been assured that Congress, at a minimum, will place monies, for services, into a continuation budget, with less than a 1% cut in appropriations.

At present, the State Legislature, in both the House and Senate, has approved allocating Community Care for the Elderly Monies, Alzheimer's Disease Initiative Funds, and Local Services Program Dollars for State Budget Year 07/01/11 - 06/30/12. Active fundraising, through planned events, will augment the dollars. Fair Share Appropriations are of major importance to our operations.

The Areawide Council on Aging is committed toward keeping senior services functional now, as in the past, and for a minimal additional three year or greater period. Our assurances, for a three year period, are substantiated by action proposed in Congress for the Older Americans Act, and by approvals, for State Fiscal Year 07//01/2011 - 06/30/2012, by the State Legislature, during its 2011 session. The Full Fair Share Allocation, by Hallandale Beach, will help to assure the continued flow of the critically needed services.

# **GRANT APPLICATION**

6. BUDGET INFORMATION	Please fill in information as requested.

# PROPOSED PROJECT NAME: 2012 Fair Share Mandated Matching Funds

_	GRANT	OTHER		
ITEM	REQUEST	GRANT FUNDS	INKIND	JUSTIFICATION
Personnel				
Cost				
Consultants				
Supplies		Not Applicable		_
Equipment*		• •		
Travel	Each Projec	t is allocated a perc		
Facility	7	total match raised.		
Rental/Fees				
Marketing				
Printing				
Other			Depends on	Federal Older Americans Act
(specify)		Balance of	Amount not	and State Community Care for
	Match	Total Match	Contributed	the Elderly have a mandated
	\$ 37,830	\$ 1,578,684		local 10% match.
		_		
TOTALS	\$ 37,830	\$ 1,578,684		TOTAL BUDGET: \$1,616,514

\* Equipment purchased over \$500 may become the property of the City of Hallandale Beach.

CERTIFICATION

1 certify that the information contained in the Application, including Budget and Attachments (supporting materials) are true and correct to the best of my knowledge.

Signature of Authorized Representative

Executive Director

Title

# AGING & DISABILITY RESOURCE CENTER OF BROWARD COUNTY



5300 Hiatus Road Sunrise, Florida 33351

Elder Helpline: (954) 745-9779

Administration: (954) 745-9567 Fax: (954) 745-9584 www.adrebroward.org

# Edith Lederberg, Executive Director

AREAWIDE COUNCIL ON AGING May 4, 2011 BOARD OF DIRECTORS

Manuel Synalovski, AIA

President

Mary Todd

1st Vice President

Deborah G. Rand

2nd Vice President

Theodora Williams

3rd Vice President

Dr. Bob Levy

Treasurer

Pauline Grant

Secretary |

V. Jean Johnson

Parliamentarian.

Mayor Jack Brady

Immediate Past President

Arthur M. Birken

Alan B. Brass, C.P.A.

William Edelstein

Joel S. Fass, Esq.

Audrey Millsaps

Naushira Pandya, M.D., CMD

Rickey Pine

John Prime#u

Kenneth S. Rubin, Esq.

Jack Tobin

The Honorable Joy Cooper City of Hallandale Beach 400 S. Federal Highway Hallandale Beach, Florida 33009

Dear Mayor Cooper.

The Areawide Council on Aging has been the State and Federally designated planning, coordinating, and funding body for senior services, in Broward County, since 1974.

In this capacity, we have developed a network of projects and services designed to meet the needs of our elders, with a prime goal of maintaining them in their accustomed environments, as long as possible.

Mandates of both the Federal Older Americans Act and State Community Care for the Elderly Legislation include a requirement for raising a local 10% match for programs receiving these funds. Rather than have individual projects apply to the municipalities, we appeal on behalf of all of our programs, necessitating match, in order to secure the monies.

Through a Fair Share Formula, described on the following pages, our nonprofit 501(c)(3) organization computes the total match figures necessary, and then prepares reports for each city, detailing the sought allocation, along with a listing of services and costs provided to your residents.

For the 2012 request, we are employing the recently released 2010 census figures. As a result, the sought donation may be considerably higher or lower than the one prepared and submitted last year. Changes, in the population, over 60, have been dramatic, in some cases. We have discussed the numbers with the South Florida Regional Planning Council, and basically, the Council concurs with the census figures. Annexations may have been part of the rationale for augments in the target population.

Mayor Cooper City of Hallandale Beach May 4, 2011 Page 2

Our request for 2012 is \$37,830. In 2010, we provided your residents with \$952,274 in services. For each dollar, we are seeking, in match, the Areawide Council on Aging supplied \$25.17 in assistance to your constituents.

We do not employ Medicaid Figures for compiling the Fair Share Request since the Fair Share Figures are developed only to meet mandated Federal Older Americans Act, State Community Care for the Elderly and Local Service Program Dollar Appropriations. The Medicaid Data are informational only.

We are available to discuss Fair Share and other elder related matters with you at your earliest convenience. Please call our office, at 954-745-9603, to calendar a meeting.

The Areawide Council is well aware of the economic problems being faced by our municipalities and the County. That is a prime reason for our expressing both gratitude and admiration to our elected officials. Because of your perpetually evidenced advocacy on behalf of your senior constituency and their caregivers, we can, and will help to assure the merited right of Older Americans to live their retirement years with dignity.

Very sincerely,

Edith Lederberg Executive Director

Great City: Terripe Ladershy Ostaff cc: City Commission of Hallandale Beach

Mark Antonio, City Manager

Patty Ladolcetta, Finance Director

Jim Buschman, City Clerk

#### **EXPLANATION OF FAIR SHARE**

Federal Dollars are provided to the Areawide Council on Aging (Aging and Disability Resource Center) through Older Americans Act Legislation. State Dollars are allocated to the ADRC by the Community Care for the Elderly Act. Both the Federal and State Dollars must be matched locally on a 90-10% ratio. This means that for every nine dollars provided by the Federal and State Governments, we must raise one dollar in Broward County.

### **FUNDS REQUIRING LOCAL MATCH FOR 2012**

Federal Older Americans Act Dollars	\$7,209,526
General Revenue	681,079
State Community Care for the Elderly	<u>5,938,023</u>
	<u>\$13,828,628</u>
Local Matching Dollars Required	\$1,536,514
Elder Abuse Prevention Program	<u>80,000</u>
Total Matching Funds Requested	\$1,616,51 <del>4</del>

#### THE FAIR SHARE FORMULA

Since 1973, the Areawide Council on Aging (Aging and Disability Resource Center) has utilized a Fair Share Formula to request and receive Matching Funds from Broward's Cities and the County Commission. We divide the required Matching Funds by the number of elderly in Broward County to achieve a figure representing each Broward resident 60 years of age and older.

Projected 2012 Broward Total Population 60 and Over	<u>345,071</u>
Representative Fair Share Dollar Amount per Senior Resident	
60 or Over: \$1,616,514 divided by 345,071	<u>\$ 4.68</u>

We request each City to pay 2/3 of the Fair Share Dollars for their senior constituency and the County to pay 1/3. We further ask the County to pay the Full Fair Share for each senior resident of the unincorporated areas.

Fair Share Request per Senior Resident:			<u>\$ 4.68</u>
City Share Request per Senior Resident:	\$4.68 x (2/3)	=	\$ 3.12
County Share Request per Senior Resident:	\$4.68 x (1/3)	=	<u>\$ 1.56</u>
			<u>\$ 4.68</u>

# FAIR SHARE REQUEST FROM HALLANDALE BEACH

Number of Residents over 60 in Your City	12,125
Fair Share Request per Senior Resident in Your City	<u>x 3.12</u>

TOTAL FAIR SHARE REQUEST \$37,830

In 2010, the Areawide Council provided Your City with Services Totaling Over: \$952,274

# Areawide Council on Aging of Broward County



# 2010 Services Provided to Senior Citizens

in the



**Unduplicated Senior Count: 513** 

Page 4

# City of Hallandale Beach

Program	S <u>erv</u> ice Provided	Clients	Units Provided	Unit Cost	Total Cost
OLDER AMERICANS A	ACT				
	ADULT DAY CARE (III-B)	1	66.75	6 81	454.57
	ADULT DAY CARE (III-E)	1	148.00	7.63	1,129.24
	CAREGIVER TRNG & SUP - IND (III-E	E) 6	44.50	63.52	2,826.64
	CONGREGATE MEALS	125	11.551.00	4,66	53,827,66
	COUNSELING - INDIVIDUAL (III-B)	21	56.50	41,96	2,370.74
	DISEASE INFORMATION - GROUP	1	4.00	120.62	482.48
	EDUCATION & TRAINING *	N/A	2.00	88.54	177.08
	HEALTH PROMOTION - GROUP	ı	1.00	27.81	27.81
	HEALTH SUPPORT - GROUP*	N/A	155.00	21.86	3,388.30
	HEALTH SUPPORT - INDIVIDUAL	34	32.75	26.94	882.29
	HOME DELIVERED MEALS	119	43,156,00	2.13	91,922.28
	HOME INJURY CONTROL - GROUP*	1	2.00	381.90	763.80
	HOUSING IMPROVEMENT (III-B)	3	15.75	62.85	989.89
	INFORMATION *	N'A	8.399.00	1.76	14,782.24
	IN-HOME SCREENING & ASSESS	108	273.25	51.78	14,148.88
	LEGAL ASSISTANCE	48	173.00	39.56	6,843.88
	NUTRITION EDUCATION*	1	509.00	1.52	773.68
	RECREATION*	$N^{j}A$	46.00	163.20	7,507.20
	REFERRAL (III-B)	126	337.00	5 04	1,698.48
	SCREENING & ASSESSMENT (III-B)	15	40.25	5.54	222.98
	TRANSPORTATION	69	4,539.00	3.98	18,065.22
	Program Totals:		69,551.75		\$223,285.3
OMMUNITY CARE FO	R THE				
	CASE AIDE	25	71.50	27.78	1,986.2
	CASE MANAGEMENT	78	833.00	43.09	35,893.91
	EMERGENCY ALERT RESPONSE	13	2,786.00	0.61	1,699.40
	HOMEMAKER	44	6,672.50	14.65	97,752.12
	HOUSING IMPROVEMENT	5	7.00	6070,60	42,494.28
	IN-HOME INTAKE	53	54.75	28.21	1,544.50
	IN-HOME RESPITE	12	3.082.00	14.21	43,795.22
	MATERIAL AID	6	9.00	2969.31	26,723.79

\* Client specific information is not captured for these services.

Tuesday, May 03, 2011

Р	OTHER PERSONAL CARE SPECIALIZED MEDICAL EQUIPMENT Program Totals:	1 26	1.00	135.19	
S HOME CARE FOR THE	PECIALIZED MEDICAL EQUIPMENT	26		123.17	135.19
HOME CARE FOR THE			4,384.00	14.57	63,874.88
	Program Totals:	1 4	10.00	110.62	1,106.20
			17,910 75		\$317,005.80
E	BASIC SUBSIDY	7	68.00	159.09	10,818.12
(	TASE MANAGEMENT	6	40.25	33.38	1,343.55
	Program Totals:		108.25		\$12,161.67
- OCAL SERVICE PROGRAM	1				
,	ADULT DAY CARE	4	1,988.50	4 90	9,743.65
M	MATERIAL AID	2	2.00	118.50	237.00
F	RECREATION*	1	2,543.00	25.35	64,465.05
٤	SPECIAL DIETARY MEALS	2	86.00	6.41	551.26
7	TRANSPORTATION	2	10,474.00	5.78	60,539.72
	Program Totals:		15,093,50		\$135,536.68
- MERICAN RECOVERY AND REINVESTMENT ACT	)				
(	CONGREGATE MEALS	75	1,450.00	4.66	6,757.00
1	HOME DELIVERED MEALS	88	5.752.00	2.13	12,251.76
	Program Totals:		7,202.00		\$19,008.76
RELIEF -					
1	IN-HOME RESPITE	2	439.75	6.93	3,047.47
	Program Totals:		439.75		\$3,047.4
- ** MEDICAID WAIVER SSISTED LIVING FOR THE	<u> </u>				
	ASSISTED LIVING SERVICES	2			20,685.89
ı	CASE MANAGEMENT	2			2,400.00
	INCONTINENCE SUPPLIES	1			1,500.00
	Program Totals:				\$24,585.89
	dated, computerized report, Units F determined for these individual ser		nd Costs per Ur	nit	
MEDICAID WAIVER HOM & COMMUNITY-BASED	IE .				
	CASE AIDE	11			624.7

Tuesday, May 03, 2011 Page 5

Program	Service Provided	Clients	Units Provided	Unit Cost	Total Cost
	CASE MANAGEMENT	21			15,060.95
	CONSUMMABLE MEDICAL SUP	6			7,606 30
	EMERGENCY ALERT RESPONSE	11			2,063.60
	HOME DELIVERED MEALS	11			27,378.00
	HOMEMAKER	15			56,164.94
	IN-HOME RESPITE	2			9,561.00
	PERSONAL CARE	17			99,183.24
	Program Totals:				\$217,642.78

**Totals:** 110,306.00 \$952,274.39

In 2010, our Project Family provided Hallandale Beach's seniors with \$952,274 in services.

The Aging & Disability Resource Center's 2012 Match Request for Hallandale Beach is \$37,830.

For every \$1 we are seeking, the Areawide Council on Aging (Aging and Disability Resource Center) provided Hallandale Beach with \$25.17 in services.

Our figures are secured from the annual service cost reports obtained from our Projects.

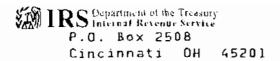
\* Client specific information is not captured for these services.

Unduplicated Senior Count: 513

Tuesday, May 03, 2011 Page 6

### AGING AND DISABILITY RESOURCE CENTER OF BROWARD COUNTY FAIR SHARE HISTORY 2006-2010

( <u> </u>		20		20			808	20		20	
CITY		Requested	Received		Received		Received	Requested			
Broward County		572,385	645,600	664,968	664,968	684,920	684,920	684,920	684,920	698,797	698,797
Coconut Creek		39,952	39,960	42,020	42,020	41,942	41,942	42,476	42,476	42,886	42,886
Cooper City	ľ	9,197	9,197	7,949	7,949	8,126	8,126	8,227	8,227	8,305	8,305
*Coral Springs		35,403	15,000	31,019	15,000	31,425	20,000	31,923	16,000	32,230	14,500
Dania Beach	ı	12,164	10,000	16,694	10,000	16,813	10,000	17,640	10,000	17,810	10,000
Davie		30,558	30,558	30,412	30,558	32,984	32,984	34,887	34,887	35,223	35,223
Deerfield Beach		62,895	62,896	63,756	63,756	73,309	73,309	74,608	74,608	75,325	75,325
Ft. Lauderdale		89,695	37,050	96,933	42,900	98,935	39,000	102,758	42,900	103,747	45,388
Hallandale		40,250	40,250	42,919	42,920	43,245	43,245	46,753	46,753	47,204	47,204
Hillsboro Beach		3,658	3,658	4,054	4,054	3,994	3,994	4,033	4,033	4,072	4,072
Hollywood	l	88,311	60,500	89,742	60,500	89,094	60,500	90,146	60,500	91,015	62,000
Laudby-Sea		3,757	3,757	7,435	7,435	6,838	7,806	7,222	7,222	7,444	7,444
Lauderdale Lakes	ļ	19,878	19,878	20,024	20,024	20,086	20,086	20,053	20,053	20,673	20,673
Lauderhill	ı	32,930	32,930	32,258	32,258	36,824	36,824	35,957	35,957	36,302	36,302
Lighthouse Point	ĺ	9,098	10,000	9,228	10,000	9,177	5,000	9,367	9,367	9,456	9,456
Margate	ľ	40,643	40,643	40,787	40,787	41,043	41,043	41,893	41,893	42,295	42,295
Miramar	Ī	22,151	22,151	27,035	27,035	29,013	29,013	29,192	29,192	30,096	30,096
North Lauderdale	l	9,593	9,500	10,545	10,545	10,783	10,783	11,121	11,121	11,229	11,229
Oakland Park	f	12,954	12,954	12,456	12,456	16,451	16,451	16,216	16,216	16,719	16,719
Parkland	ł	3,560	3,560	3,391	3,391	3,866	3,866	3,993	4,000	4,117	4,117
Pembroke Park	- 1	4,054	4,054	3,655	3,655	3,641	3,641	3,743	3,743	3,781	3,781
Pembroke Pines	ı	77,530	77,530	80,253	80,253	79,803	79,803	79,843	79,843	82,316	82,316
Plantation		42,821	42,821	41,509	41,550	41,247	41,250	42,079	42,100	42,483	42,500
Pompano Beach	ì	67,840	67,839	71,160	71,160	81,599	71,160	82,815	80,000	83,612	83,612
Sea Ranch Lakes	İ	791	792	963	963	960	960	974	974	984	984
Southwest Rancher	ļ	4,349	4,349	4,279	4,279	4,225	4,225	4,889	4,889	4,935	1,000
Sunrise		53,401	53,401	52,892	52,892	52,787	52,787	53,539	53,539	54,055	54,055
Tamarac	i	68,333	68,400	71,404	71,400	72,594	72,600	74,518	74,518	75,234	75,240
West Park	ı	0	0	0	0	7,863	*** (NA)	8,050	8,050	8,126	8,126
Weston		15,921	15,921	16,579	16,579	16,687	16,687	17,101	17,101	17,264	17,264
Wilton Manors		7,516	<b>7,</b> 51 <u>7</u>	6,892	6,892	6,972	6,972	7,244	7,244	7,314	7,314
Totals		1,481,588	1,452,668	1,603,211	1,498,179	1,667,246	1,638,977	1,688,180	1,572,326	1,715,049	1,598,223



In reply refer to: 0248126447 Apr. 03, 2008 LTR 4168C E0 59-1529419 000000 00 000 00014129

BODC: TE

AREAWIDE COUNCIL ON AGING OF BROWARD COUNTY INC 5300 N HIATUS RD SUNRISE FL 33351-8701009



015725

Employer Identification Number: 59-1529419
Person to Contact: Mrs. Coghill
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of Mar. 25, 2008, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in March 1975, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(l) and 170(b)(l)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Michael M. Sulliva

Michele M. Sullivan, Oper. Mgr. Accounts Management Operations I

### AREAWIDE COUNCIL ON AGING OF BROWARD COUNTY, INC. BOARD OF DIRECTORS 2011

Ol	<b>FFICERS</b>

Edith Lederberg, Executive Director, Aging and Disability Resource Center 5300 Hiatus Road Sunrise, Florida 33351

Manuel Synalovski, AIA

President

Office: Manuel Synalovski Associates, AIA

1800 Eller Drive, Suite 500

Ft. Lauderdale, FL 33316

O. (954) 961-6806 Fax: (954) 961-6807 Cell (954) 804-3515

msynalovski@synalovski.com

Home: 101 Holly Lane

Plantation, Florida 33317

R: (954) 581-0002 Fax: (954) 581-1119

Mary Todd

1st Vice President

Home: 3701 N.E. 24th Avenue

Lighthouse Point, FL 33064

R: (954) 943-7816 Fax: (954) 946-1576

hmtodd@msn.com

Deborah G. Rand 2nd Vice President Office: Rand Eye Institute

5 West Sample Road Pompano Beach, FL 33064

(954)782-1700 O. Fax: (954) 782-3432

Cell: (954) 520-1211 dgr@randeye.com

Home: 7100 Valencia Drive

Boca Raton, FL 33433

R. (561) 488-2377

Fax: (5610 451-1377

Theodora Williams

3rd Vice President

Home: 6421 NW 54 Court

Lauderhill, FL 33319

(954) 746-1981

Cell: (954) 292-7251

Dr. Bob Levy Treasurer

Office: 3150 SW 52 Avenue

Pembroke Park, FL 33023

O. (954) 966-4600, ext. 1228

Fax: (954) 966-5186 Cell: (954) 275-2680

RLevy@townofpembrokepark.com

Home: 4051 SW 1st Street

Plantation, FL 33317

R. (954) 321-0799 (unlisted)

Pauline Grant Secretary

Office: North Broward Medical Center

201 E. Sample Road

Deerfield Beach, FL 33064

O: (954) 786-6950 Fax: (954) 786-5174

Home: 7981 NW 125 Terrace

Parkland, Florida 33076

Cell: (954) 242-8955 (954) 255-5384

pgrant@browardhealth.org

V. Jean Johnson Parliamentarian

Home: 1610 North 28th Court

Hollywood, Florida 33020

(954) 921-6898 Fax: (954) 921-3989 Cell: (954) 804-3013 jeba2584t@aol.com

Mayor Jack Brady

Immediate Past President

Office: City of North Lauderdale

701 S. W. 71 St Avenue North Lauderdale, FL 33068

Home: 6808 Stardust

North Lauderdale, FL 33068

(954) 724-7056

Fax: (954) 720-2151 Cell: (954) 444-3194 jbrady@nlauderdale.org

R. (954) 972-4386

<u>MEMBERS</u>			
Judge Arthur M. Birken	:	Broward County Courthouse 201 Southeast 6 <sup>th</sup> St., Chamber 822 Ft. Lauderdale, FL 33301	O: (954) 831-7819
Alan B. Brass, C.P.A.	<b>£</b>	Alan B. Brass, CPA 8181 W. Broward Boulevard Suite 350 Plantation, FL 33324	O: (954) 474-4100 Fax: (954) 474-3839 Cell: (954) 298-1126 abhcpa@bellsouth.net
		9354 N.W. 18 <sup>th</sup> Place Plantation, FL 33322	R: (954) 370-7505
William Edelstein	•	Memorial Manor 777 S. Douglas Rd. Pembroke Pines, FL 33025	O. (954) 276-6201 Fax: (954) 443-4798 Cell: (954) 649-1426 Wedelstein@MHS.net
		930 Lakepoint Drive Weston, FL 33326	R. (954) 389-8240
Joel S. Fass, Esquire	1	Colodny,Fass,Talenfeld,Karlinsky & Abate 100 SE Third Avenue Suite 2300 Ft. Lauderdale, FL 33394	O: (954) 492-4010 Fax: (954) 492-1144 Cell: (954) 683-6083 <u>ifass@cftlaw.com</u>
		2955 Luckie Road Ft. Lauderdale, FL 33331	R: (954) 389-0199
Audrey Millsaps		2665 Northeast 37 <sup>th</sup> Drive Ft. Lauderdale, FL 33308	R. (954) 564-2665 Fax: (954) 563-2663 ahmilisaps@earthlink.net
Naushira Pandya M.D., CMD	;	Nova Southeastern College 3200 S. University Dr. Ft. Lauderdale, FL 33328	O: (954) 262-1425 Fax: (954) 262-3753 Pandya@nova.edu
		400 NW 107 <sup>th</sup> Avenue Plantation, FL 33324	R. (954) 473-6588 Cell: (954) 873-2692
Rickey Pine	Home:	7737 Northwest 79 <sup>th</sup> Avenue, Apt. 101 Tamarac, FL 33321	R. (954) 720-7040 Cell: (954) 829-7040 Rickeypine@aol.com
John Primeau		Premier American Bank, N.A. 5375 West Atlantic Blvd. Margate, FL 33063	O: (954) 610-7012 Fax: (954) 984-4829 Cell: (954) 610-7012 jprimeau@premieramericanbank.com
	Home:	8760 SW 57 <sup>th</sup> Street Cooper City, FL 33328	R: (954)610-7012
Kenneth Rubin, Esq.		9900 W. Sample Rd#404 Coral Springs, FL 33065	O. (954) 755-3440 Fax: (954) 656-6251 Cell: (954) 461-8124 elderesq@bellsouth.net
		7566 Northwest 47 <sup>th</sup> Drive Coral Springs, FL 33067	R. (954) 755-0037 Fax: (954) 697-3162
Jack Tobin		2855 University Drive, Suite 600 Coral Springs, FL 33065	O. (954) 755-5715 Fax: (954) 345-0115 Cell: (954) 444-8555 jacktobin@bellsouth.net
		7759 Highland Circle Margate El 33063	R. (954) 344-1982

# State of Florida Department of State

I certify from the records of this office that AREAWIDE COUNCIL ON AGING OF BROWARD COUNTY, INC. is a corporation organized under the laws of the State of Florida, filed on February 28, 1974.

The document number of this corporation is 728963.

I further certify that said corporation has paid all fees due this office through December 31, 2011, that its most recent annual report was filed on February 21, 2011, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of Florida, at Tallahassee, the Capital, this the Twenty Second day of February, 2011

Secretary of State



Authentication ID: 000195356810-022211-728963

To authenticate this certificate visit the following site, emer this ID, and then follow the instructions displayed.

https://efile.sunbiz.org/certauthver.html

# AGING & DISABILITY RESOURCE CENTER OF BROWARD COUNTY



5300 Hiatus Road Sunrise, Florida 33351

Elder Helpline: (954) 745-9779

Administration: (954) 745-9567 Fax: (954) 745-9584 www.adrebroward.org

# Edith Lederberg, Executive Director

AREAWIDE COUNCIL ON AGING May 4, 2011 BOARD OF DIRECTORS

Manuel Synalovski, AIA

President

Mary Todd

1st Vice President

Deborah G. Rand 2nd Vice President

Theodora Williams 3rd Vice President

Dr. Bob Levy Treasurer

Pauline Grant Secretary

V. Jean Johnson Parliamentarian

Mayor Jack Brady Immediate Past President

Arthur M. Birken Alan B. Brass, C.P.A.

William Edelstein Joel S. Fass, Esq.

Audrey Milisaps

Naushira Pandya, M.D., CMD

Rickey Pine John Primeau

Kenneth S. Rubin, Esq.

Jack Tobin

Mark Antonio City Manager

City of Hallandale Beach 400 S. Federal Highway

Hallandale Beach, Florida 33009

Dear Mr. Antonio,

Enclosed, per your request, please find the Areawide Council on Aging of Broward County's Grant Funding Application, along with a copy of our 2012 Fair Share Request, and our Brochure.

Please contact this office, at 954-745-9603, if you require additional data.

Thank you, the City Commission, and your Staff for your consideration on behalf of over 12,125 year-round senior residents of Hallandale Beach and our nonprofit 501(c)(3) organization.

Very sincerely,

Edith Lederberg
Executive Director

EL:cm

Enclosure: City of Hallandale Beach FY 2012 Grand Application

ADRC Brochure

# CLIENT'S COPY OMB No. 1545-0047

Form 990

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

Oponio: Villeheprelin

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

	For the	2009 calend	ar year, e	or t	lax year begin	ıning			, 2009,	, and endir	1g					
B	Check if a	appicable:			Name of organiz	ration						D Employ	er ider	tilication h	lumber	
	Add	ress change	Please use IRS label	Vi	reawide <u>C</u>	ouncil or	n Aqin	g of Br	<u>owar</u> c	1 County	y, Inc.	59-	<u> 15</u> 29	9419		
	Nam	ne change	or type.			eet (or P.O. box						E Telepho	ne nar	nber		
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	Tein	nenation	Instruc- tions.		City, town or cor	untry			Slate	ZIP code +	4		_			
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					oting members									18		
₹					es (Part V, line s (estimate if									73		
Ţ	1				s (esumate ii inėss revenue									1	-	0.
	1				xable income								7 b		-1	,573.
			003111032		ALDIO IIIODIII	1,0.11.01.11.3	· 50 11 IIII		,			Prior Year		<del>                                     </del>	rrent Yo	
	8 0	8 Contributions and grants (Part VIII, line 1h)										23,121,269			, 096	
ş	9 Program service revenue (Parl VIII, line 2g)											,,121,2	. 0 3 .	<del></del> _	,,0,0,	, , , , ,
Revenue	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)										234,822.			211.	745.	
æ	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)												297.			
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)								3,484,8			, 453				
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)									324,9			, 850,			
			nefits paid to or for members (Part IX, column (A), line 4)													
								,B61,2	16.	7	,016,	.786.				
ŝ			r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e)													
Expense		-									F :	ANTICONE SERVICE		1	, . ,	
5	1									0.				i	505	205
	1	=	-		column (A), li							666,2				<u>,705.</u>
		•			13-17 (must	•	-		-			2,852,4			2, 503	
	19 F	Revenue less	expense:	es. 5	Subtract line 1	8 from line	<u> 12</u>	<u> </u>		· · · · · · · · · · · · · · · · · · ·		632,3	68.			<u>,288.</u>
5 B												nning of Y			nd of Ye	
					16)							5,193,7			,844	
12	l				ne 26)							5,67B,6				,586.
70.0					es. Subtract in	ine 21 from 1	line 20		<u> </u>	<u> </u>	<u>                                    </u>	9,515,0	92.	10	) <b>,</b> 853,	<u>,325.</u>
1	ПÜ		ure Blo				_									
		Ureder pensallie	s of persony.	. I de e. De	eclare that I have e eclaration of prepa	examined this re- irer (other than o	lym, includ Micer) is ba	ing accompan	yang sehi Kimbilian	edulos and sta of which prep	slements, and arer has any	d to the best of knowledge.	of my k	nowledge a	nd belief, i	ıl ıs
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			nce Di													<del></del>
		турс огр							- 1	Date			- 1	Prenarer's	dentifuna	number
Pa	ial		/		$\cap$	~ 11	101	$\sim$		Date	5	Check if self-	Ji	reparer's i	(loris)	
Pr		Preparer's signature	<b>L</b> /	-l	ノーリ	101	-174.	ノオノ	١.	11 100 11	1	employed P				
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Us	e	Firm's name (			es A. Kr		P.A.		_							
Or	ıly	employed),  address and  1119 Southeast Third Avenue								EIN P						
	. 46 - 15				<u>Lauderda</u>			FL	<u> 3331</u>	. 0	F	Phone no.	(95		4-45	_
Ma	y the IR	o discuss th	ıs return t	WITH	n the preparer	SHOWG BOOV	er (see	mstruction	5)					. X \	res	No

Forn	n 990 (2009) Areawide Council on Aging of Broward County, Inc.	<u>59-1529419</u>	Page 2
Pai	rt III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission:	<u>-</u>	
	To plan, coordinate, monitor, evaluate and fund various groups,	agencies,	
	organizations and projects relating to the elderly of Broward Co	ounty, Florida; t	0
	See Form 990, Page 2, Part III, Line 1 (continued)		
2	Did the organization undertake any significant program services during the year which were not listed on t	he prior	
-	Form 990 or 990-EZ?	·	X No
	If 'Yes,' describe these new services on Schedule O.	[ Yes [	X No
_	•		::n
3	Did the organization cease conducting, or make significant changes in how it conducts, any program servi	ices? Yes	X No
	If 'Yes,' describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three targest program services than 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	by expenses. Section 501(c	(3)
	expenses, and revenue, if any, for each program service reported.	anocations to others, the to	nai
	,		
41	(Code:) (Expenses \$ 21,308,928. including grants of \$ 19,850,620.)	(Revenue \$ 21,122	,999.)
	The Older Americans Act (OAA) Program is a federal program that	provides assistan	ice to
	older persons and caregivers and is the only federal supportive se		
	solely toward improving the lives of older people. The Organizat		
	17 providers to offer a wide range of services to clients. This co		
	unduplicated older persons and caregivers with services during		
	The Alzheimer's Disease Initiative program ensures that persons aff		
			TWEL B
	disease and other forms of dementia, are given essential service		
	age in place, in an elder-friendly environment, with security, di		
	program also provides support to family members and caregivers		
	with Alzheimer's disease. This contract provide 306 unduplicated		
	See Form 990, Page 2, Part III, Line 4a (continued)		
	) (C-1		
41	b (Code:) (Expenses \$ including grants of \$)		
			<b>-</b>
			<b></b> -
4	c (Code:) (Expenses \$ including grants of \$)	(Revenue \$	)
	·		
			<b>-</b>
	m= /		
41	d Other program services. (Describe in Schedule O.)	_	
	(Expenses \$ including grants of \$ ) (Revenue 5	\$	
4	e Total program service expenses ► 21,308,928.		

Form 990 (2009) Areawide Council on Aging of Broward County, Inc. Page 3 59-1529419 Part IV Checklist of Required Schedules Yes Νo Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A 1 2 Is the organization required to complete Schedule B, Schedule of Contributors? ... 2 X Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II Х ... ...... . .... 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, 6 X 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III . R X Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If Yes, complete Schedule D, Part IV 9 X Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 10 Yes, complete Schedule D, Part V X 11 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable ..... 11 Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D. Part VI Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII Did the organization report an amount for investments—program related in Part X, time 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes.' complete Schedule D, Part VIII . Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If Yes, complete Schedule D. Part IX ..... Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X..... Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If Yes," complete Schedule D. Part X 12 Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes.' complete Schedule D, Parts XI, XII, and XIII 12 12A Was the organization included in consolidated, independent audited financial statement for the tax No Yes 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E... 13 14a Did the organization maintain an office, employees, or agents outside of the United States? ... 14a 14b Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II 15 Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes.' complete Schedule G, Part I 17 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II ... 18 X Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes.' complete Schedule G, Part III 19 Х

20

X

	<u> </u>		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	X	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		x
24 7	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes' answer lines 24b through 24d and			
b	complete Schedule K. If 'No, go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		<u> </u>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		<b></b>
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
ı	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L. Part I	25b		×
26		230		<u> </u>
20	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L. Part III	27		x
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
ŧ	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
ı	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		x
(	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35_	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	x	

BAA

Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance Yes Nο 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns, Enter -0- if not applicable 1a b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1Ь 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (gambling) winnings to prize winners? 2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return, (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? .... 3 : b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O. 36 X 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? ....... b if 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. b Did any laxable party notify the organization that it was or is a party to a prohibited tax sheller transaction? X c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? ..... 5 c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? Х 6 a bilf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? ...... 6Ь 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . bilf 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 74 ... 78 d if 'Yes,' indicate the number of Forms 8282 filed during the year ...... e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 

ł	r For contributions of cars, boals, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	L	1
3	Sponsoring organizations maintaining donor advised (unds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		X
)	Sponsoring organizations maintaining donor advised funds.			酮
ï	a Did the organization make any taxable distributions under section 4956?	9 a	1	<u>x</u>
ı	b Did the organization make any distribution to a donor, donor advisor, or related person?	9 t		<u> </u>
)	Section 501(c)(7) organizations. Enter:	27	4	

10 a

10b

a Initiation fees and capital contributions included on Part VIII, line 12 . . . . . . . . .

b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

11 Section 501(c)(12) organizations. Enter:

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in fieu of Form 1041? ... bif 'Yes,' enter the amount of tax-exempt interest received or accrued during the year ... 12b

f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? ...,

Form **990** (2009)

71

7 g

X

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body		i.	E)
b	Enter the number of voting members that are independent	, <u>\$</u>		<b>5</b> 5
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2	785	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	_	х
4	Did the organization make any significant changes to its organizational documents	4		X
	since the prior Form 990 was filed?			
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		х
6	Does the organization have members or stockholders?	6		X
7 a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		x
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7 b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
á	The governing body?	8a	Â	   
ь	Each committee with authority to act on behalf of the governing body?	8 ե	X	
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		   x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
Reve	enue Code )			
			Yes	No
10 a	Does the organization have local chapters, branches, or affiliates?	10 m		X
t	of 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10 Ь		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		Х
11.4	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	-11	-	******
12 a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	х	
b	Are officers, directors or truslees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12 c	х	
13		13		<u>_x</u> _
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		,	
	The organization's CEO, Executive Director, or top management official	15 a	×	1
	Other officers of key employees of the organization	15 b	X	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)	72	6 X	180
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16.	E. T.	X
t	of Yes, has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		IS.	2 - AT
Sec	tion C. Disclosures			
17	List the states with which a copy of this Form 990 is required to be filed Florida			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available. Check all that apply.	i <b>js</b> ple	tor po	ıplıc
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy statements available to the public.	, and	ใเกลก	al
	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.			
•	Finance Director 5300 Hiatus Road Sunrise FL 33351 (9	54)_7	<u> </u>	<u>9567</u>

# Part VII. Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's lax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, frustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of 'key employees'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee. (A) (B) (c) (D) Œ) (F) Average hours per week Position (check all that apply) Reportable compensation from Reportable compensation from Name and Title Esbenated estimated amount of other compensation from the organization and related UN.Y HK? wst II:SEE | MINKIN related prograzations (W-2/1099 MISC) the organization (W-2/1099 MISC) ज्यास्त्रज्ञा ज्ञित्रका PARAM omanizations inia) au Fass, Joel S. 2.00 Х 0. ٥. ٥. Director Tobin, Rep. Jack N. 2.00 x ٥. 0 0. Director Birken, Judge Arthur 2.00 X ٥. 0 Director ٥. Brass, Alan B. 2.00 Director X ٥. 0. ٥. Millsaps, Audrey 0. 2.00 ٥ Х 0 Director Lederberg, Edith 0. 40.00 X 0. Exec. Director 113,421. Rubin, Kenneth D. 2.00 X 0. ٥ Director Rickey Pine ٥. Director 2.00 X 0 0 William Edelstein 2.00 X 0. Director 0. ٥. Brady, Jack 2.00 X X ٥. 0 0 President <u>Synalovski, Manuel</u> 1st Vice President 2.00! X X ٥. 0 0. Todd, Mary\_\_\_\_ 2nd Vice President 2.00 X X 0. 0. 0. Beth Flansbaum-Talabisco 2.00 X n n ٥. Director Deborah Rand 2.00 X 0 ٥ 0. 3rd Vice President Theodora Williams 2.00 ٥. Treasurer X X 0. Ο. Bab Levy 2.00 0 0 Ο. X X Secretary John Primeau 2.00 ٥. ٥. ٥. Director BAA TEEAD107 11/10/09 Form 990 (2009)

Form 990 (2009) Areawide Council on Aging of a Part VII   Section A. Officers, Directors, Trus	Hrowa:	rd C	OUT En	nty	, I:	nc.	20	d Highart Con	59-152941	9	Page
(A)	(B)	L	LII		c)	CS,	all	(D)		T .	
Name and Title	Average	Pos	ition i		-	hala	(אמפו		(E)	(F)	
	hours per wee	or director		Officer	Key employee	Highest compensated	1	compensation from the organization (W-2/1099-MISC)	Reportable compensation from retated organizations (W 2/1099-MISC)	Estim amount o compen from organiza and re organiza	of other sation the islan lated
Pauline Grant Parliamentarian	2.00		<b>-</b>	x		_	-		_		
V Joan Johnson	2.00	<del>' ^</del>	<del>                                     </del>	┝┸		┢		0.	0.	<u> </u>	0
Director	2.00	x		1				٥.	O.		0
	-										
		†-				-					
											_
,											
	-										
	_										
	-										
	•										
16 Total			-				•	113,421.	0.		0
2 Total number of individuals (including but not limited from the organization ► 1	l to thos	e lis	led	abov	/e) v	vho	rece	eived more than \$	100,000 in reportab	·	ation
3 Did the organization list any former officer, director on line 1a? If Yes, complete Schedule J for such in	or trusto dividual	ee, k							employee	. 3	
4 For any individual listed on line 1a, is the sum of reg the organization and related organizations greater th individual	1an \$150	0.00	D? <i>h</i>	f Ye	s' c	omp	ilete	r compensation fro Schedule J for su	ch	4	文 X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch	omoeas	ation	ı fro	ITI 20	1U 11	nrel	aled	ornanization for s	ervices	5	₹1.50 X
Section B. Independent Contractors											
Complete this table for your five highest compensate compensation from the organization.	ed indep	end	ent	cont	racl	210	that	received more tha	n \$100,000 of		
(A) Name and business addres	5							Description (	of Services	(C) Compensa	short
								_			
				_		_					
2 Total number of independent contractors (including the \$100,000 in compensation from the organization ►	bul not I	limite	ed to	the	se (	ıste	d ab	ove) who received	more than		

Pa	rt VII	<ol> <li>Statement of Re</li> </ol>	evenue					_
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(0) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	6 d l e (	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributional) All other contributions, gifts, gismilar amounts not included in Noncash contribus included in Total. Add lines 1a-1f.	ons) . 1 e 2 prants, and above 1 f					
-				Business Code	W. (-120)		THE WALL BOTTOM	(3 - 1, 1,
PROGRAM SERVICE REVENUE	b _ c _ d _ e _	All other program service	e revenue .					
		Total. Add lines 2a-2f .		<u>,, , ,,, , .</u> ▶		を できる できる	が必然に	C 54
	4 1	investment income (incl other similar amounts) Income from investment Royalties			211,745.	0.	0.	211,745.
	<b>6</b> (	Gross Rents	(i) Real	(ii) Parsonal				
	7a (	Gross amount from sales of assets other than inventory.  Less: cost or other basis and sales expenses	(i) Securies	(a) Other				
OTHER REVENUE	8 a (	Net gain or (loss)  Gross income from fund (not including . \$	d on line 1c).	173,041. 64,086.	108,955.	108,955.	0.	0.
	9a ( b l	Gross income from gam See Part IV, line 19 Less: direct expenses Net income or (loss) fro	ning activities a					
	10 a (	Gross sales of inventory and allowances	less returns					
		Miscellaneous Reven	ue	Business Code	36,342.	36,342.	0.	D.
	e 1	All other revenue Total, Add lines 11a-11o Total revenue. See insti	d		36,342. 23,453,399.	145,297.	0.	
						,		

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	Section 501(c)(: All other organizations must com	3) and 501(c)(4) organiza plete column (A) but are	-		nd (D).
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	and organizations in the U.S. See Part IV, line 21	19,442,195.	19,442,195.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	408,425.	408,425.		
3	Grants and other assistance to governments, organizations, and individuals culside the U.S. See Part IV, lines 15 and 16				
4	F				11294
5	Compensation of current officers, directors, trustees, and key employees	113,421.	0.	113,421.	0.
6				-	
7	Other salaries and wages	1,407,057.	<u>917, 145.</u>	489,912.	0.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	97,608.	55,195.	42,413.	0.
4	Other employee benefits	288,809.	194,754.		
	Payroll taxes	109,891.	67,612.		
	Fees for services (non-employees)	103,031.	07,012.	12,213.	<del>-                                    </del>
	Management				
	Legal				
	Accounting	24,900.	0.	24,900.	0.
•	Lobbying				
	Prof fundraising svcs. See Part IV, In 17		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
t	Investment management fees				
(	Other	2,000.	800.	1,200.	0.
12	Advertising and promotion	4,521.	100.	4,421.	0.
13	Office expenses	178,230.	125,914.	52,316.	0.
14	Information lechnology				<u> </u>
15	Royalties				
16	Occupancy	88,806.			
17 18	Payments of travel or entertainment expenses for any federal, slate, or local public officials		26,185.	11,662.	0.
19	Conferences, conventions, and meetings				_
20	Inlerest				i '
21	Payments to affiliates			1	
22	Depreciation, depletion, and amortization.	190,851.	15,862.	174,989.	0.
23	Insurance	47,225.	0.	47,225.	0.
24	Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
	Repairs and Maintenance	985.	0.	985.	0.
	Miscellaneous_expenses	11,942.	0.	11,942.	
	Dues and subscriptions	33,203.	8,363.	24,840.	
	Staff_training	10,782.	9,584.	1,198.	0.
•	(4)				_
	All other expenses	4,413.	21 200 020	4,413.	
	Total functional expenses. And lines 1 through 241	22,503,111.	21,308,928.	1,194,183.	0.
<i>A</i> b	Joint costs. Check here  Joint costs. Check here  Joint costs. Check here  Joint costs from a content of the costs from a combined educational  Campaign and fundraising solicitation				
BAA					Form 990 (2009)

Part X	Balance Sheet		(A) Beginning of year	$\top$	(B) End of year
1	Cash - non-interest-bearing		1,830,143.	1	2,433,579
2	Savings and temporary cash investments	, , ,	3,893,146.	2	2,857,543
3	Pledges and grants receivable, net		3,724,192.	3	4,529,084
4	Accounts receivable, net		79,278.	4	47,480
5	Receivables from current and former officers, directors and highest compensated employees. Complete Part II	, trustees, key employees, of Schedule		5	
6	Receivables from other disqualified persons (as define	d under section 4958(f)(1))		; ]	7-1-4-1
.	and persons described in section 4958(c)(3)(B). Complete	lete Part II of Schedule 💄		6	
7	Notes and loans receivable, net			7	
8	Inventories for sale or use			8	
T 9	Prepaid expenses and deferred charges		56,697.	9	91,718
10#	Land, buildings, and equipment; cost or other basis.	108 5,171,468.			
Ì	Complete Part VI of Schedule D				
t	Less: accumulated depreciation.	106 1,122,289.	4,225,164.	10c	4,049,179
11	investments - publicly-traded securities		1,383,141.	11_	1,834,387
12	Investments - other securities. See Part IV, line 11			12	
13	Investments - program-related. See Part IV, line 11			13	
14	intangible assets			14	
15	Other assets See Part IV, Ince 11		1,941.	15	1,941
16	Total assets. Add lines 1 through 15 (must equal line 3	34)	15,193,702.	16	15,844,911
17	Accounts payable and accrued expenses		498, 385.	17	541,077
18	Grants payable		2,212,833.	18	2,838,221
19	Deferred revenue		1,575,300.	19	1,612,288
ነ 20	Tax-exempt bond liabilities			20	· · · · · ·
À 21	Escrow or custodial account liability. Complete Part IV	of Schedule D		21	
22	Payables to current and former officers, directors, trust highest compensated employees, and disqualified pers	lees, key employees, ons. Complete Part II			
<u>i</u>	of Schedule L			22	
s 23	Secured mortgages and notes payable to unrelated this	rd parties	1,392,092.	23	
24	Unsecured notes and loans payable to unrelated third (	parties		24	
25	Other liabilities. Complete Part X of Schedule D .			25	
26	Total liabilities. Add lines 17 through 25		5,678,610.	26	4,991,586
þ	Organizations that follow SFAS 117, check here	X and complete lines			
Ţ	27 through 29 and lines 33 and 34.				
<b>§</b> 27	Unrestricted net assets .		9,163,354.	27	10,430,346
Ē   28	Temporarily restricted net assets		351,738.	28	422,979
\$ 29	Permanently restricted net assets	. <u>.</u>		29	
<b>R</b>	Organizations that do not follow SFAS 117, check her	e F and complete			
E l	lines 30 Ihrough 34.			1	**************************************
8 30	Capital stock or trust principal, or current funds			30	
g 31	Paid-in or capital surplus, or land, building, and equipr	ment fund		31	
32	Retained earnings, endowment, accumulated income.	ar other funds		32	
ğ   33	Total net assets or fund balances.		9,515,092.	33	10,853,325
§ 34	Total liabilities and net assets/fund balances.		15, 193, 702.	34	15,844,911

BAA

Form 990 (2009)

Form 990 (2009) Areawide Council on Aging of Broward County, Inc.	59-1529419		Pa	ge 12
Part XI Financial Statements and Reporting				
		[·	Yes	No
1 Accounting method used to prepare the Form 990: 🔲 Cash 💢 Accrual 🔲 Other		î	.A.	:
If the organization changed its method of accounting from a prior year or checked 'Othei,' explain in Schedule O.	<u>.</u>			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	4 114	2a		X
b Were the organization's financial statements audited by an independent accountant?		2b	X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	ht of the audit,	2c		х
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	[* -			;
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were consolidated basis, separate basis, or both:	a issued on a			· ;
X Separate basis Consolidated basis Both consolidated and separate basis	[17]   ○	٠. J	77	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth it Audit Act and OMB Circular A-133?		3.8	x	

BAA Form 990 (2009)

bilf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

### SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1)

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ. > See separate instructions.

Name of the proanutation Employer identification number Areawide Council on Aging of Broward County, Inc. 59-1529419 Part 12 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(bytyaxi), 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). Æ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) X A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33.1/3 % of its support from pross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that 11 describes the type of supporting organization and complete lines 11e through 11h. b Type II □ Type III — Functionally integrated d Type III – Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? ۵ Yes Νo a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 119(1) a family member of a person described in (i) above? 11 g (ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? . . . . . . . 11g (iii) Provide the following information about the supported organizations. Ъ (v) Did you notify the organization in col. (i) of your support? (i) Name of Supported Organization (iii) Type of piganulation (described on lines 1-9 above or IRC section (see instructions)) (iv) is the organization in coll (i) haled in your (ii) EIN (vi) is the organization in col (vii) Amount of Support (i) organized in the document? Yes N٥ Yes N٥ Yes No Total

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-E2.

Schedule A (Form 990 or 990-EZ) 2009

# Schedule A (Form 990 or 990-EZ) 2009 Areawide Council on Aging of Broward County, Inc. 59-1529419 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Sec	tion A. Public Support			<u>/</u>			
Cale begi	ndar year (or fiscal year nning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Tolal
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')	19,483,551.	22,333,447.	27,695,218.	23,121,269.	23,096,357.	115,729,842.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0.	0.	0.	0.	0.	
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.	0.	0.	0.	0.	0.	0.
4	Total, Add lines 1-through 3	19,403,551.	22,333,447.	27,695,218.	23, 121, 269.	23,096,357.	115,729,842.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						115,729,842.
Sec	tion B. Total Support		_				
Cale begi	ndar <del>ye</del> ar (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200 <del>9</del>	(f) Total
7	Amounts from line 4	19,483,551.	22,333,447.	27,695,218.	23,121,269.	23,0 <u>96,357.</u>	115,729,842.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	180,214.	339,086.	417,833.	234,822.	211,745.	1,383,700.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0.	0.	0.	0.		0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						117,113,542.
12	Gross receipts from related activ	ities, elc. (see ins	(ructions)				
	First live years. If the Form 990 organization, check this box and	stop here		d, third, fourth, or	fifth tax year as	a section 501(c)(3	) <b>≻</b> ∏
_	<u>tion C. Computation of Pu</u>	<u>blic Support F</u>	ercentage		_		
	Public support percentage for 20	•	• •	≗ 11, column (f).			98.82%
	Public support percentage from 2	,	. ,			<u>15</u>	98.90%
16 a	a 33-1/3 support test — 2009. If the and stop here. The organization	e organization did qualifies as a pub	not check the box licly supported or	on line 13, and ganization.	the line 14 is 33-1	/3 % or more, che	eck this box
b	33-1/3 support test — 2008. If the and stop here. The organization				and line 15 is 33-	1/3% or more, ch	eck this box ►
17 <b>a</b>	10%-facts-and-circumstances to or more, and if the organization the organization meets the facts	meets the 'facts-a	nd-circumstances'	' lest, check this t	ox and stop here.	. Explain in Part N	√how
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meels the 'facts-a d-circumstances'	nd-circumstances test. The organiz	' test, check this b ation qualifies as	ox and stop here. a publicly support	. Explain in Part () ed organization.	V how the □
18 RAA	Private foundation. If the organiz	zation did not che	ck a box on line, 1	3, 16a <u>, 16b, 17a,</u>			ructions ►     990 or 990-FZ) 2005

# Schedule A (Form 990 or 990-EZ) 2009 Areawide Council on Aging of Broward County, Inc. 59-1529419 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support	ACC THE BOX OF THE	12 3 31 7 21(1.)						
	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total	
	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants')		(2),2333	(0) =001	(4) 2000	<u></u>			
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that are not an unrelated trade or business under section 513								
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5								
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on fine 13 for the year								
c	: Add lines 7a and 7b								
8	Public support (Subtract line	• • .	1	· .	. <b>ALABARTAT</b>	۸, ۸			
	7c from line 6)	<b>∀</b> _v	4				1.2		
Sec	tion B. Total Support								
	ndar year (or liscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total	
	Amounts from line 6			·`**	1 1				
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources								
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			_					
	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)								
13	Total support. (add ins 9, 10c, 11, and 12.)	F., 1		į		, 21	4.7		
14	First five years. If the Form 990	is for the organiza		i, third, fourth,					
_	organization, check this box and	stop here .						····	
Sec	tion C. Computation of Pu					r			
15		•	.,				15	<u>%</u>	
16	Public support percentage from 2						16	<u>%</u>	
$\overline{}$	tion D. Computation of Inv								
17	Investment income percentage for	or <b>2009</b> (line 10c,	column (1) divided	by line 13, colu	ımn (f))		17	%	
18	Investment income percentage (e						18	%_	
	33-1/3 support tests — 2009. If the more than 33-1/3%, check this b	ox and stop here	. The organization	qualifies as a pi	ublicly supported org	anization		▶ 📙	
	33-1/3 support tests — 2008. If the is not more than 33-1/3%, check	this box and stop	p here. The organi	zation qualifies a	as a publicly support	ed organiza	tion	▶ 📜	
20	Private (oundation, If the organic	zation did not che	ck a box on line 14	4, 19a, or 19b, c	neck this box and se	e instructio	ns	• • • • • • • • • • • • • • • • • • • •	

Schedule A	(Form 99	90 or 99	0-EZ) 2	009 7	Areawi	de Cou	ncil or	n Aging	of Bro	ward Co	ounty,	(nc. 5	9-15294	19	Page 4
Part IV.	Supple Part II	ementa line 1	al Info Za or	rmatio	n, Cor	nplete i	this pa	rt to pri Provide	ovide ti	he expl	lanation	s requir	ed by Pa	rt II, line	10;
	, 61( 11)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	72 (1	170, 0	110 1 01		70 12.	, 104100	any o	inci au	urtiorial	HITOTHIA		, 1113(100)	
			<u>_</u>								<b>-</b> -				<b></b> .
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# SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate Instructions

OMB No. 1545-0047

Open to Public Inspection

Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization

Are	eawide Council on Aging of Br	oward County, In	.c.	  -5 <b>9</b> -1	529419	
Pa	t I Organizations Maintaining Dono	r Advised Funds or (	Other Similar Fund			e if
	the organization answered 'Yes' t	o Form 990, Part IV.	line 6.			
		(a) Donor advi	ised funds	(b) Funds a	<u>ind other acc</u>	ounts
1	Total number at end of year.					
2	Aggregate contributions to (during year)					<del></del>
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and don funds are the organization's property, subject t			or advised	. Yes	☐ No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for the purpose conferring impermissible private bene	he benefit of the donor or a	riting that grant funds in donor advisor of for any	may be y other	Yes	∏ No
Day				o Form 000 Da		
	Tell Conservation Easements Comple			<u>0 F01M 990, Pa</u>	it iv, line	<del>-'-:</del>
'	Purpose(s) of conservation easements held by	=			ما امصما	
	Preservation of land for public use (e.g., re	screation or pleasure)		an historically imp certified historic si		area
	Preservation of open space		r reservation of	CELLINGO MISLORIE SI	ructure	
2	Complete lines 2a through 2d if the organization last day of the tax year.	on held a qualified conserv	ation contribution in the	e form of a conserv	alion easem	ent on the
				Held	at the End of	f the Year
	Total number of conservation easements .			2a		
1	Total acreage restricted by conservation easer	neals .	***********	2Ь		
(	Number of conservation easements on a certification	ied historic structure includ	ded in (a)	2c		
-	Number of conservation easements included in	n (c) acquired after 8/17/06	5	. 2d		
3	Number of conservation easements modified, t	Iransferred, released, extir	nguished, or terminated	by the organizatio	n during the	tax
	year >					
4	Number of states where property subject to con-	nservation easement is loc	.ated ►	_		
5	Does the organization have a written policy regard enforcement of the conservation easemen	garding the periodic monito	oring, inspection, handl	ing of violations,	. Yes	☐ No
	Staff and volunteer hours devoted to monitorin during the year >		-	ents 		_
7	Amount of expenses incurred in monitoring, in during the year ►	specting, and enforcing co	nservation easements	\$		_
₿	Does each conservation easement reported on	i line 2(d) above satisfy the	e requirements of section	оп	гт и <sub></sub>	□ <b></b> .
	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?				. Yes	No
9	In Part XIV, describe how the organization rep include, if applicable, the text of the footnote to conservation easements.	orts conservation easemer o the organization's financ	nts in its revenue and e ial statements that desi	expense statement, cribes the organiza	and balance tion's accour	e sheet, and nting for
Pa	Organizations Maintaining Colle Complete of the organization ans	ections of Art, Histori wered 'Yes' to Form	ical Treasures, or 990, Part IV, line (	<b>Other Similar /</b> 3.	lssets	
1:	If the organization elected, as permitted under treasures, or other similar assets held for publi the text of the footnote to its financial statement	ic exhibition, education, or	research in furtherand	t and balance shee e of public service,	i works of an provide, in i	t, historical Part XIV,
l	of the organization elected, as permitted under treasures, or other similar assets held for publi amounts relating to these items.	SFAS 116, to report in its ic exhibition, education, or	revenue statement and research in furtheranc	d balance sheet wo e of public service	rks of art, hi provide the	storical following
	(i) Revenues included in Form 990, Part VIII,	line 1			<b>-</b> \$	
	(ii) Assets included in Form 990, Part X			*****	<b>≻</b> \$	
2	If the organization received or held works of an amounts required to be reported under SFAS to	rt, historical treasures, or o	other similar assets for	financial gain, prov	vide the follo	wing
ı	Revenues included in Form 990, Part VIII, line	1			<b>-</b> \$	
(	Assets included in Form 990, Part X			. ,	<b>►</b> \$	

Schedule D (Form 990) 2009 Areaw	ide Counci	i on Aging of Brow	ard County, Inc.	59-152	
Part III Organizations Maintai	ning Colle	ctions of Art, Histo	rical Treasures, o	<u>r Other Similar Ass</u>	ets (continued)
<ol> <li>Using the organization's acquisition items (check all that apply):</li> </ol>	in accession	and other records, check	cany of the following th	at are a significant use i	of its collection
a Public exhibition		d Loan o	or exchange programs		
b Scholarly research		e U Other			<u> </u>
c Preservation for future genera					
4 Provide a description of the organ Part XIV		•	-		(N
5 During the year, did the organizati assets to be sold to raise funds ra	ion solicit or ( Ober than to t	receive donations of art, ne maintained as part of	historical treasures, or the organization's colle	other similar	Yes No
Part IV Escrow and Custodia 9, or reported an amount	Arranger	nents Complete if o	rganization answe		
1a Is the organization an agent, trust included on Form 990, Part X?				r assets not	Yes 🗋 No
b if 'Yes,' explain the arrangement	n Part XIV ar	nd complete the following	g table:		A
e Beginging halance				7.0	Amount
c Beginning balance				1c	
d Additions during the year  e Distributions during the year				1e	
•				11	
2a Did the organization include an ar		• •	•		Yes No
b if 'Yes,' explain the arrangement		11 550, FEI (X, IIIC 21			
Part V. Endowment Funds Co		rganization answere	ed 'Yes' to Form 99	90. Part IV. line 10.	
<u> </u>	(a) Current				(e) Four years back
1a Beginning of year balance	(2) 02	(4)		M. C. Sales	
b Contributions		_			
c Net Investment earnings, gains,					
and losses					
d Grants or scholarships  e Other expenditures for facilities and programs					
f Administrative expenses		_	***		
g End of year balance					
2 Provide the estimated percentage	of the year e	and halance held as:		- Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part   Part	ILTORESTA.
Board designated or quasi-endow					
b Permanent endowment		•			
c Term endowment					
3a Are there endowment funds not in organization by	the possess	ion of the organization th	hat are held and admini	stered for the	Yes No
(i) unrelated organizations					3a(i)
(ii) related organizations					3a(ii)
b if 'Yes' to 3a(ii), are the related of			nedule R?		3b
4 Describe in Part XIV the intended				77	
Part VI Investments-Land, B				line 10.	
Description of investment		(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land		616,188.			616,188.
b Buildings		3,930,054.		791,863.	3,138,191.
c Leasehold improvements					_
d Equipment	,	625,226.		330,426.	294,800.
e Other					
Total. Add lines 1a through 1e (Column	r (d) must equ	ual Form 990, Part X, co	lumn (B), line 10(c).) .	<u></u>	4,049,179.
BAA				Sched	dule <b>D</b> (Form 990) 2009

Part VII Investments—Other Securities See	Form 990, Part X, lin	ounty, Inc. 59- <u>152</u> e 12.	29419 Page :
(a) Description of security or category	(b) Book value	(c) Method of valua	tion
(including name of security) Financial derivatives		Cost or end-of-year man	ket value
Clasely-held equity interests			
Other		•	
		-	
	-		
			-
<u> </u>	-		
		,	
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12)	-		
Part VIII Investments-Program Related (Se	e Form 990, Part X, I		
(a) Description of investment type	(b) Book value	(c) Method of valua	tion
		Cost or end-of-year mar	ket value
			<u> </u>
	_		
			_
		4.571	
THERE: [DOISE NO. (D) WHO ST CHEST PER PROPERTY CO. (D) THE TOTAL	• 15×	には、一般などのでは、	4.3.00
Part IX Other Assets (See Form 990, Part			45 = 1
	Description		(b) Book value
Rent and other deposits			1,941.
		·	
		<del></del>	1 041
Total. (Column (b) must equal Form 990, Part X, col. (B)		(	1,941.
Part X. Other Liabilities (See Form 990, P.			
(a) Description of Liability	(b) Amount		
Federal Income Taxes	<del></del>		107
	<del></del>		
<u>-</u>			
Table (Add and Add and Add Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add and Add		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)		。	451. A. A. A. A. A. A. A. A. A. A. A. A. A.

Schedule D (Form 990) 2009 Areawide Council on Aging of Broward County, Inc.	9-1529419	Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1 Total revenue (Form 990, Part VIII,column (A), (ine 12)	2:	3,453,399.
		2,503,111.
3 Excess or (deficit) for the year Subtract line 2 from line 1		
4 Net unrealized gains (losses) on investments		387,945.
5 Donated services and use of facilities		
6 Investment expenses		
7 Prior period adjustments		
a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a column a c		
9 Total adjustments (net) Add lines 4 through 8		307 045
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		387,945.
		1,338,233.
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per I		
1 Total revenue, gains, and other support per audited financial statements	1 2	3 <u>,905,430.</u>
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	162	
a Net unrealized gains on investments		
b Donated services and use of facilities	_	
c Recoveries of prior year grants		
d Other (Describe in Part XIV)	E CAL	
e Add lines 2a through 2d	2e	452,031.
3 Subtract line 2e from line 1	3 2	3,453,399.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investments expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIV) 4b		
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. 5 2	3,453,399.
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per		
1 Total expenses and losses per audited financial statements		2,567,197.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25.		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIV)		
e Add lines 2a through 2d	2e	64 096
•		64,086.
3 Subtract line 2e from line 1	3 2:	<u>2,503,111.</u>
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investments expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIV)		
c Add lines 4a and 4b	- 4c	
5 Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	<b>) 5</b>   2	2,503,111.
Rart XIV Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV tine 4, Part X, line 2, Part XI, fine 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this painformation.	lines 1b and 2l rt to provide an	o; Part V, y additional
Pt XII Line 2d Special event expenses		. <b></b>
Pt XIII Line 2d Special event expenses		
	. <b></b> -	
		<b></b>

BAA TEEA3304 02/02/10 Schedule D (Form 990) 2009

Schedule of (Lough 330) 5003 Wiesmide Conucit on Wdind of Browsid Conucit 100.	39-1329419 Pa	ge 5
Part XIV Supplemental Information (continued)		_
	<del></del>	
	- <i></i>	<b>-</b> -
	<del>-</del> -	
	<del></del>	
		<del>-</del> -
	<b> </b>	_

### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form990 or Form 990-EZ. > See separate Instructions.

OMS No. 1545-0047

2009

Open to Publica

Name or the organization					Employer identific	
Areawide Council on Agin	g of Brow	ard Co	unty, I	nc.	59-152943	. 9
Part I Fundralsing Activities. Comp Form 990EZ filers are not req	lete if the organ	nzation ลก	swered 'Ye	s' to Form 990, Part IV	, line 17.	
? Indicate whether the organization is				ving activities. Check al	II that apply.	
Mail solicitations				Solicitation of non-		
Internet and email solicitations				Solicitation of gove	-	
<b>H</b>	3			_	_	
Phone solicitations				Special fundraising	events	
In-person solicitations						
2a Did the organization have written in	or oral agreeme	nt with any	/ individual	(including officers, dire	ectors, trustees or key	Пv Пи-
employees listed in Form 990, Pai bilf Yes, list the ten highest paid in	dividuals or enti		•	_		. Yes No er is to be
compensated at least \$5,000 by th	ne organization	<b></b>	••			
(i) Name of individual or entity (fundraiser)	(il) Activity	have custo	Sundraiser dy or control obutions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col.(i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
				-		_
		+				<del>-</del>
	ļ					<u> </u>
			!			
			!			
		1				
Total			•			
<ol> <li>List all states in which the organiz or licensing.</li> </ol>	ation is register	ed or licer	ised to sali	cit funds or has been n	otified it is exempt from	registration
	<b></b>					
. =====================================						
					· <del>-</del>	

Par	t II	Fundraising Events, Complete if reported more than \$15,000 on Fo	the organization ar orm 990-EZ, line 6a	nswered 'Yes' to Fo a. List events with	orm 990, Part IV, In gross receipts grea	ne 18, or iter than \$5,000.
R			(a) Event #1  Installation framer (event type)	(b) Event #2  Golf Tournament (event type)	(c) Other Events 5 (total number)	(d) Total Events (Add col. (a) through col. (c))
REVENUE	ז	Gross receipts	30,570.	24,305.	118,166.	173,041.
Ē	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	30,570.	24,305.	118,166.	173,041.
	4	Cash prizes				
h	5	Noncash prizes				
DIRECT	6	Rent/facility costs				
	7	Food and beverages		_		
X	8	Entertainment				
EXPERSES	9	Other direct expenses	10,910.	8,607.	44,569.	64,086.
5	10	Direct expense summary. Add lines 4: thi				64,086.
Pai	11   (1)	Net income summary. Combine lines 3, co Gaming. Complete if the organization		s' to Form 990. Par		108,955.
1.44	C 334	\$15,000 on Form 990-EZ, line 6a		3 10 1 0(11) 990, 1 2		
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (e) through col. (c))
Ë	1	Gross revenue				
O X	2	Cash prizes				_
DIRECT S	3	Non-cash prizes				
5		Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes*	Yes %	
	7	Direct expense summary. Add lines 2 thro	ough 5 in column (d)		▶	
	8	Net gaming income summary. Combine to	nes 1, column (d) and li	ne 7		
_	r					YES NO
		er the state(s) in which the organization open ne organization licensed to operate gaming				9.
t	אי זו כ	lo,' explain:				
		re any of the organization's gaming licenses 'es,' explain:	, revoked, suspended o	r terminated during the f	tax year?	10a
			<b></b>			
11	Doe	s the organization operate gaming activities	s with nonmembers?	<del>-</del>		11
12	is it	ne organization a grantor, berieficiary or tru ninister charitable gaming?		nber of a partnership or		12

Schedule G (Form 990 or 990-EZ) 2009 Areawade Council on Aging of Broward County, Inc. 59-1529419

Page 2

Schedule G (Form 990 <u>or 990</u>	<u>0-EZ) 2009. Areawide Cou</u>	uncil on Aging of Broward	County, Inc. 59-1529	419 Page 3
				YES NO
· · · · · · · · · · · · · · · · · · ·	e of gaming activity operated is			
=				
			13b	
14 Enter the name and add	idress of the person who prepa	ares the organization's gaming/speci	al events books and records:	
Mama: h				
Name: >				
Aridress: ►				
7.00.000	<del></del>		<u></u>	-
15a Does the organization t	have a contact with a third par	rty from whom the organization recei	ves gaming revenue?	15a
bilf 'Yes,' enter the amou	ant of gaming revenue received	d by the organization \$	and the amount	
of gaming revenue rela	ained by the third party \$			
c If 'Yes,' enter name and	d address of the third party.			
Name: ▶				
Address &				
Address				-
16 Gaming manager inform	mation			
To Cashing That Specialist	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Name ►				
Gaming manager comp	pensation > \$			
Description of services	provided:			
<b>□-</b>	□.			<b>4 7 7 7 7 7 7 7 7 7 7</b>
Director/officer	Employee	independent contra	actor	
17 Mandatory distributions	•			
-				
a is the organization requested state gaming license?	uired under state law to make	charitable distributions from the gan	ning proceeds to retain the	17a
		e law to be distributed to other exem		
	mpt activities during the tax ye		<u> </u>	
BAA		TEEA3703 02/05/10	Schedule G (Form	990 or 990-EZ) 2009

SCHEDULE I

Grants and Other Assistance to Organizations,

2009

OWB No 1545-0047

**№** 

X Yes

Open to Public Inspection Employer identification number 59-1529419 Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.

- Attatch to Form 990. Governments and Individuals in the United States Areawide Council on Aging of Broward County, Inc. Part বিশ General Information on Grants and Assistance Department of the Treasury Internal Revenue Service Name of the organization

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance? The selection criteria used to award the grants or assistance?

Svcs Elderly Svcs Elderly Svcs Elderly Svcs Elderly Svcs Elderly Svcs Svcs SVCS (h) Purpose of grant or assetlance Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form Elderly Elderly Elderly 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (g) Description of your cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 150,084. 90,172. 218,758. 20,962. 6,867,651. (d) Amount of cash prant 436,448 381,673 551,177 Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section 2 Enter total number of section 501(c)(3) and government organizations 59-2768189 59-6000333 59-6000338 65-0344938 59-6000531 59-1279497 59-2230272 23-7170674 (b) EIN 3 Enter total number of other organizations Wilton Manors FL 33305 Alzheimer Family Center 4900 W. Atlantic Blvd. #4 Catholic Charities of the Hispanic Unity of South F Austin\_Hepburn\_Senior Min City of Hollywood-Fred Li 2030 Polk Street Hollywood FL 33020 Minority Builders Coaliti Count & Countess deHoern! 325 NM 2 Avenue Broward County Elderly & 2995 N. Dixie Hwy Ft. Lauderdale FL 33334 Ft. Lauderdale FL 33312 1 (a) Name and address of organization Deerfield Bch FL 33441 Hallandale FL 33009 Hollywood FL 33021 750 N.W. 8 Avenue Margate FL 33063 5840 Johnson St 665 SW 27 Ave. 1505 NW 26 St

Schedule I (Form 990) 2009

TEEA3901 02/10/10

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

SCHEDULE 1-1 (Form 990)

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

2009

OMB No. 1545-0047

Department of the Tressury Internal Revenue Service			Attach to Form 9 Schedule I (F	Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.	ormation for art III.		Q SE	Open to Public Inspection
Name of the organization							Employer identification number	mumber
Areawide Council	l on Aging	Council on Aging of Broward County,	nty, Inc.				59-1529419	
Part I Continuation of Grants and Other Assistance	n of Grants ar	nd Other Assistanc		and Organization	to Governments and Organizations in the United States (Schedule	tes (Schedule )	(Form 990), Part II.)	t 11.)
(a) Name and address of organization or government	f organization or nt	B) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Human Services Network, 3810 Inversary Blvd. #3	Network, I 81vd. #305 3319	59-2450043		3,793,043.				Elderly Svcs
Jewish Adoption & Foster 4200 University Dr Sunrise Ft 33351	E Foster Dr	20-0898587		66, 667.				Elderly Svcs
Jewish Community Center 5850 S. Pine Island Rd Davie FL 33328	Z Center o	59-2075982		280,768.				Elderly Svcs
Jewish Family Services 100 S. Pine Island Rd. Plantation FL 3324	and Rd, #2	59-0995106		165,726.				Elderly Svcs
Lauderdale Lakes Alzheime 4320 NW 36 St Lauderdale Lakes FL 33319	Alzheime FL 33319	59-0974050	}	292,862.				Elderly Svcs
<u>City of Miramar                                  </u>	<u>ckwax</u>	59-6019762		450,347				Elderly Svcs
City of Deerfield Beacl 227 NW 2 St Deerfield Bch FL 33441	<u>ld Beach-N</u>	59-6000305		1,196,682.				Elderly Svcs
Northwest Federated Women 2185 NW 19 St Et. Lauderdale FL 33311	ated Women	23-7113192		352, 610.			ſ	Elderly Svcs
City of Margate-NWFP 6009 NW 10 St Margate FL 33063	- <u>NWFP</u>	59-2154528		796, 562.				Elderly Svcs
				_				

Schedule I-1 (Form 990) 2009

SCHEDULE 1-1 (Form 990)	ŭ	ontinuation She	Continuation Sheet for Schedule I (Form 990)	l (Form 990)			20097
Department of the Treasury Internal Revenue Service		Attach to Form 5 Schedule I (F	Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.	ormation for srt III.		Ŏ.E.	Open to Public Inspection
Name of the expanisation Areawide Council on Aging of Broward County	of Broward Co.	ntv. Inc.				Employer Identification number 59-1529419	on number
Part 1 Continuation of Grants and Other Assistance to	nd Other Assistan		Governments and Organizations in the United States (Schedule	s in the United Sta	tes (Schedule I	(Form 990), Pa	Part II.)
(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assislance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
North Broward Medical Cen 201 East Sample Rd Pompano Bch FL 33064	59-6012065		23,309.				Elderly Svcs
Senjor Center Inc. 5000 N. Nob Hill Rd Sunrise FL 33351	65-0245068		1,156,943.				Elderly Svcs
Sunserve, Inc./NAMADC	01-0582371		229,587.				Elderly Svcs
Coast to Coast Legal Aid P.O. Box 120910 Ft. Lauderdale FL 33312	90-0089501		350,458.				Elderly Svcs
Senior Volunteer Services 4701 NW 33 Ave Oakland Park FL 33309	59-1297932		53,121.				Elderly Sycs
Southeast Focal Point Sen 3081 Taft St. Hollywood FL 33021	59-0967823		867,200.				Elderly Svcs
City of Pembroke Pines-SW 301 NW 103 Ave. Pembroke Pines FL 33026	59-0908106		1,646,060.				Elderly Svcs

Schedule I-1 (Form 990) 2009

Page 2

Schedule I (Form 990) 2009 Areawide Council on Aging of Broward County, Inc.

[Part III | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, fine 22.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash 855/91ance	(a) Method of valuation (book. FMV, appraisal, other)	(I) Description of non-cash ass slame
Home care for the Elderly	121	255, 129.			
ЕНЕАР	174	69, 793.			;
Veteran's Directed Home & Community Based Services	16	83, 503.			
Part: Nº:   Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	lete this part to pr	rovide the informati	ion required in Par	11, line 2, and any oth	ner additional information.
Pt I Line 2 Throughout the term of		contract_with_	the Organizati	_any_contract_with_the_Organization_they_recieve_monthly_	<u></u>
Pt I Line 2financial and programs	programatic_r	eports from red	cipients. In a	tic reports from recipients. In addition, Organization	ation
Pt_I_Line_Zstaff_perform_on_sight	_	ramtic and find	ancial monitor	programtic and financial monitoring at least once	
Pt_I Line 2a year		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1		
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Schedule I (Form 990) 2009

#### SCHEDULE O (Form 990)

#### Supplemental Information to Form 990

OMB No 1545 0047

2009

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Open to Public Inspection

Name of the organization	Employer identification number
Areawide Council on Agang of Broward County, Inc.	59-1529419
Pt_VI-B, Line 11A The Finance Director reviews Form 990 in coopera	ation_with
Pt VI-B, Line 11A the Executive Director for accuracy prior to fil	ling.
Pt_VI-B, Line 12c The Agency monitors subcontractors programatical	lly quarterly
Pt VI-B, Line 12c and annually and financially on an annual basis	:
Pt VI-B, Line 15 The Executive Director's annual evaluation is co	ompleted by the
Pt VI-B, Line 15 Board of Directors and submitted to the Chair of	f the Personnel
Pt VI-B, Line 15 Committee who compiles a summary of all evaluat:	ions submitted
Pt VI-B, Line 15 by the Board of Directors. The Finance Committee	e_reviews_the
Pt_VI-B, Line 15 evaluations to determine annual increases and the	hey are submitted
Pt VI-B, Line 15 to the Board for approval. Top management person	nnel annual
Pt VI-B, Line 15 evaluations are completed by the Executive Direction	ctor who
Pt VI-B, Line 15 determines compensation within the Board approve	ed_annual_increase.
Pt VI-C, Line 19 The public can request to review governing documents of the public can request to review governing documents.	ments, conflict
Pt VI-C, Line 19 of interest policy and financial statements by	submitting a
Pt VI-C, Line 19 written request to the Executive Director or the	e Finance
Pt_VI-C, Line 19 Director. All documentation is subject to Chapte	r 119, Florida Statutes
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenus Service

Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 Attach to Form 990. P See separate instructions.

2009

OMB No 1545-0047

Open to Public Inspection

(F)
Direct controlling
entity

Employer identification reamber 59-1529419 (E) (End-of-year assets Part I Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.) (D) Total income (C) Legal domicile (state or foreign country) (B) Primary activity Areawide Council on Aging of Broward County, Inc. (A) Name, address, and EIN of disregarded entity 1

1

(F)
Direct controlling
entity Partily Identification of Related Tax-Exempt Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (E)
Public chanty status
(if section 501(c)(3)) (b) Exempt Code section (C)
Legal domicile (state or foreign country) (B) Primary activity (A) Name, address, and EIN of related organization

N/A 501(c)(3) elderly & disabled|FL Areawide Housing for the Elderly 59-2296320 Hvv sec. 8 project for the 5300 Hiatus Road, Sunrise FL 33351

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

TEEA5001 02/05/10

Schedule R (Form 990) (2009)

59-1529419 Schedule R (Form 990) 2009 Areawide Council on Aging of Broward County, Inc.

Page 2

Identification of Related Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

										j
(A) Name, address, and EIN of	(B) Primary Activity	ତ୍ର ଆଧ	Orect	(E) Predominant	(F) Share of total income	(F) (G) Share of total income Share of end-of-vear	Dispropor-	Code V:UBI	General Control	م ام
related organization		domicile (state or	domicile controlling entity (state or	<u>-</u> 5		assels	lionale allocations?	amount in box 20 of Schedule	managng partner?	ging er?
		foreign		from lax under				<u></u>		
		country)		sections 512-514)			Yes No		Yes	Š
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answine 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	axable as a Cord organizations	poration or Tr	ust (Complete or or or	of the organizations the	e as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV anizations treated as a corporation or trust during the tax year.)	es' to Form 990, P.	art IV.
(A) Name, address, and EIN of related organization	Primary Activity Legal domicile Direct Type of entity (C corp. S corp. country)  (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(C) Legal domicile (state or foreign country)	( <b>0)</b> Direct controlling enfity	(E) Type of entity (C corp. S corp. or trust)	Share of total income Share of end-of-year assets	( <b>G)</b> Share of end-of-year assels	(H) Percentage ownership
ВАА		TEEASDOT GZAGA 10	01.50			Schedule R (Form 990) (2009)	990) (2009)

59-1529419 Schedule R (Form 990) 2009 Areawide Council on Aging of Broward County, Inc.

[Part IV] Transactions With Related Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

				ı
Note. Complete line 1 if any entity is listed in Parts II, III. or IV of this schedule.		Yes	S No	_1
1 During the lax year did the organization engage in any of the following fransactions with one or more related organizations listed in Parts II-IV:	: <u>`</u>		_	
a Receipt of (i) interest (ii) annuties (iii) royalites (iv) rent from a controlled entity		<b>13</b>	×	- 1
b Gift, grant, or capital contribution to other organization(s)		1 0	×	
c Gift, grant, or capital contribution from other organization(s)		16	×	i
d Loans or loan guarantees to or for other organization(s)		19	×	ı
e Loans or loan guarantees by other organization(s)		<u>-</u>	×	ı
			l	1
[ Sale of assets to other organization(s)	-	11	×	
g Purchase of assets from other organization(s)		D.	×	i
h Exchange of assets		£	×	l
~		ij	×	
		•		
j Lease of facilities, equipment, or other assets from other organization(s)		<b>:</b>	×	- 1
k Performance of services or membership or fundraising solicitations for other organization(s)		, ,	×	1
I Performance of services or membership or fundraising solicitations by other organization(s)		11	×	
m Sharing of facilities, equipment, mailing lists, or other assets		1m	×	
n Sharing of paid employees		In	×	
a Boundure amond to other organization for exhibitors		-	<b></b>	
בי ביונים לו ליינים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולים מולי		• ·	: ا	1
p Reimbursement paid by other organization for expenses.	:	a {	×	1
		<del>-</del>	-	
q Other transfer of cash or property to other organization(s)	•	19	×	1
r Other transfer of cash or property from other organization(s)		. 1r	×	- 1
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	s and transaction thresholds			ſ
( <b>A</b> ) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved	plved	
	,			1
(1) n/a	n/a		٥,	
(2)				1
ļ	_			
(3)			İ	
<b>(b)</b>				1
•				
(6)				1
(9)				
BAA TEEASOO3 02/05/10	Schedule	Schedule R (Form 990) (2009)	(5003)	_

59-1529419

Part.WI. Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

			٠. ٠.٠ الده.				
(A) Name, address, and EiN of enlity	(B) Primary activity	(C) Legal domicile (stale or foreign country)	Are all partners section 501(c)(3)	Share of end-of-year assels	(F) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1	(H) General or managing partner?
			Yes No		Yes		Yes
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ВАА		TEEA5004 02/05/10				Schedule R (Form 990) (2009)	990) (2009)

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545 0047

2009

Name of the organization		Employer identification number
Areawide Council on Aqi	ng of Broward County, Inc.	59-1529419
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	n
	4947(a)(1) nonexempt charitable trust not   527 political organization	Irealed as a private foundation
Form 990-PF	501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treat 501(c)(3) taxable private foundation	ted as a private foundation
Check if your organization is covered b Note: Only a section 501(c)(7), (8), or	y the <b>General Rule</b> or a <b>Special Rule.</b> (10) organization can check boxes for both the General R	Rule and a Special Rule. See instructions.
General Rule -		
	), 990-EZ, or 990-PF that received, during the year, \$5,00 ii.)	XO or more (in money or property) from any one
Special Rules –		
509(a)(1)/170(b)(1)(A)(vi) and rece	n filing Form 990 or 990-EZ, that met the 33·1/3% suppor eved from any one contributor, during the year, a contribu- tine 1h or (ii) Form 990-EZ, line 1. Complete Parls I and I	ution of the greater of (1) \$5,000 or (2) 2% of the
aggregate contributions of more that	) organization filing Form 990 or 990-E2, that received fro an \$1,000 for use <i>exclusively</i> for religious, charnable, scit animals. Complete Parts I, II, and III.	om any one contributor, during the year, entific, literary, or educational purposes, or the
contributions for use exclusively for this box is checked, enter here the	) organization filing Form 990 or 990-EZ, that received from religious, charitable, etc., purposes, but these contribution total contributions that were received during the year for se parts unless the <b>General Rule</b> applies to this organizat	ons did not aggregate to more than \$1,000. If an exclusively religious, charitable, etc.
religious, charitable, etc, contribution	ons of \$5,000 or more during the year	
990-PF) but it must answer 'No' on Pa	overed by the General Rule and/or the Special Rules does it IV, line 2 of their Form 990, or check the box on line H the liting requirements of Schedule B (Form 990, 990-E2	of its Form 990-E2, or on line 2 of its Form
BAA For Privacy Act and Paperwork for Form 990, 990EZ, or 990-PF.	Reduction Act Notice, see the Instructions	Schedule B (Form 990, 990-EZ. or 990-PF) (2009

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)	Page 1 of 3 of Part I
Name of organization	Employer identification number
Areawide Council on Aging of Broward County, Inc.	59-1529419
Part I Contributors (see instructions )	

1 417.1	OCITATION (SEE INSTRUCTIONS)		
(a)	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	Audrey Millsaps  2665 NE 37 Drive	\$20,000.	Person X Payroll Noncash
	Fort Lauderdale FL 33308		(Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	Valley Bank 424 W. Sunrise Blvd Fort Lauderdale FL 33321	\$6 <u>,</u> 626.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_3	Shirley Summer  9721 Summise Lakes Blvd  Fort Lauderdale FL 33322	\$10,000.	Person X Payroll Noncash (Complete Part I) if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	Rand Eye Institute  Five West Sample Road  Pompano Beach FL 33064	\$ <u>13,500</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and 2IP + 4	(c) Aggregate contributions	(d) Type of contribution
5	North Broward Hospital District  303 SE 17 Street  Fort Lauderdale FL 33316	\$1 <u>B,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggragate contributions	(d) Type of contribution
<u>6</u>	Memorial Healthcare System  3501 Johnson Street  Hollywood FL 33021	\$6,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)	Pag	e 2	of 3	of Part 1
Neme of organization	E	mployer id	entification num	
Areawide Council on Aging of Broward County, Inc.	5	9-152	9419	
Part I Contributors (see instructions.)				

7 4111	Cantilibators (See instructions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	Blue Cross/Blue Shield P.O. Box 2210  Jacksonville FL 32232	\$8,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution )
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	South Florida Motorcycle Council  4960 SW 61 Avenue  Fort Lauderdale FL 33314	\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	Luis Wexler  16175 Colf Club Road \$301  Fort Lauderdale FL 33326	\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	Publix Supermarket P.O.Box 407 Lakeland FL 33802		Person X  Payroll  Noncash  (Complete Part II if there is a nancash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	Fort Lauderdale FL 33340	\$13,900.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	Nova Southeastern Center of Continuing Ed  3301 College Avenue  Fort Lauderdale FL 33314	\$ <u>19,500.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule <b>B</b> (Form 990, 990-EZ, or 990-PF) (2009)	Page 3 of 3 of Part I
Name of organization	Employer Identification number
Areawide Council on Aging of Broward County, Inc.	59-1529419
Part I Contributors (see instructions.)	

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	Jim Moran Foundation P.O. Box 4007  Deerfield Beach FL 33442	\$84,289.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution )
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	Health Foundation of Florida  2 South Biscayne Blvd, Suite 1710  Miami FL 33131		Person X Payroll Noncash  (Complete Part II if there is a noncash contribution )
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregale contributions	(d) Type of contribution
15	Jerry Taylor & Nancy Bryant 4200 Wisconsin Avenue Washington DC 20016	\$1 <u>0,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution )
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate	(d) Type of contribution
		contributions	Type of continuation
16	Staywell Company  3000 Ames Crossing Road  Saint Paul MN 55121	\$5,000.	Person X Payroll Noncesh (Complete Part II if there is a noncash contribution.)
16	Staywell Company  3000 Ames Crossing Road	\$5,000.	Person X Payroll Noncesh (Complete Part II if there
16	Staywell Company  3000 Ames Crossing Road  Saint Paul MN 55121  (b)	\$5,000.	Person X Payroll Noncesh (Complete Part II if there is a noncash contribution.)
16	Staywell Company  3000 Ames Crossing Road  Saint Paul MN 55121  (b)  Name, address, and ZIP + 4  Bratts Bingo Inc.  1269 NW 40 Avenue	\$ 5,000.	Person X Payroll Noncesh  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person X Payroll Noncesh  (Complete Part II if there

670

6544 33351 K IRS USE ONLY 29404-733-67047-0 591529419 A0159697 TF 211A 3

Department of the Treasury Internal Revenue Service Ogden (IT 8420)

For assistance, call: 1-877-829-5500

Notice Number: CP211A Date: September 13, 2010

Taxpayer Identification Number:

59-1529419 Tax Form: 990

Tax Period: December 31, 2009

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AREAWIDE COU BROWARD COU 5300 N HIATU

AREAWIDE COUNCIL ON AGING OF BROWARD COUNTY INC 5300 N HIATUS RD SUNRISE FL 33351-8701009

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)65589

### APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is November 15, 2010.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at <a href="https://www.irs.gov/eo">www.irs.gov/eo</a>. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.

201021 140905

Department of the Treasury

Internal Revenue Service

OGDEN UT 84201-0074

670

6544 33351 K IRS USE ONLY 29404-121-64033-0

A0162660 TE 2114

591529419 ance, call:

1-877-829-5500

Notice Number: CP211A Date: June 7, 2010

Taxpayer Identification Number:

59-1529419 Tax Form: 990

Tax Period: December 31, 2009

085537.734989.0249.005 1 AT 0.357 375

AREAWIDE COUNCIL ON AGING OF BROWARD COUNTY INC 5300 N HIATUS RD SUNRISE FL 33351-8701DD9



005537

### APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is August 15, 2010.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at <a href="https://www.irs.gov/eo">www.irs.gov/eo</a>. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.



Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

plan, plan for, promote, provide for and provide service and activities for elderly residents; to encourage participation and involvement of volunteers, professionals and all other persons interested in the welfare and wellbeing of the elderly in Broward County, Florida.

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 4a (continued)

end factlity based services during 2008. The Community Care for the Elderly (CCE) assists functionally imparied elderly persons living as independently as possible in their own homes or in the homes of relatives or caregivers. The program provides a continuum of care through the development, expansion, reorganization and coordination of multiple community based services to assist elders to reside in the least restrictive environment suitable to their needs. This program provided 1,328 unduplicated clients with in-home and facility based services during 2008.



April 22, 2011

#### TO WHOM IT MAY CONCERN:

I have been associated with the Areawide Council on Aging, for over twenty years, first as an Advisory Council Member and then, as a Board Member.

In my role as an advocate for seniors, I have appreciated the Council's efforts to raise mandated local match monies, to help support and sustain programs, funded through its aegis. Many lives have been enriched through the match contributions allocated by local cities and the county.

As a nursing home administrator, I am keenly aware of the devastating effect that frailty can have on both seniors and their caregivers. The realization of preventing premature institutionalization, is a major goal of the Areawide Council through our program, the Aging and Disability Resource Center, and has inspired both my continuing to serve as an active member of the Board, as well as, donating my time to the State Department of Elder Affairs Advisory Council.

Securing nine dollars in services for every dollar donated to Fair Share, is a positive investment for Hallandale Beach, as well as, for all other local municipalities. Therefore, in the interest of your senior constituency, I strongly support the Areawide Council on Aging's request for Matching Funds from the City of Hallandale Beach.

Sincerely,

WWG U Eller William A. Edelstein

Administrator

WAE/aus



April 19, 2011

To the City of Hallandale Beach:

For over 30 years, Florida Power and Light has partnered with the Areawide Council on Aging to help local elders meet the ever escalating demands placed on them by struggling elders to remain independent in their own communities.

Our corporation endeavors to work closely with the Council's Elder Helpline on the I ow Income Energy Assistance Program to aid seniors struggling to avoid cutoff of electrical power in their home. Through the AWARE (Always Watching for At Risk Elders), our meter readers and bill collectors notify the Elder Helpline that isolated seniors require assistance, and within twenty-four hours, aid is brought to the household. Many lives, in Hallandale Beach, have been saved through the outreach efforts made by Council Staff.

Since the Areawide Council on Aging is the prime focal point for planning, coordinating, and funding the majority of programs for seniors in Broward County, FPL's advocates for Hallandale Beach to appropriate the Full Tair Share in Matching Funds sought by the 501(c)(3) nonprofit organization.

Sincerely.

Della McCurdy

Area Manager, Special Consumer Services

Dur Hill Church

April 20th, 2011

Dear Application Approval Committee Members:

I have been an involved member of the Areawide Council on Aging's Advisory Council for the past four years. In this capacity, I have been an active Fundraising Committee Member, as well as a participant in most of the events sponsored by his nonprofit organization.

I starting working for the Hallandale Beach Police Department in 1987 and upon my retirement in 1997 I became the Director of Community Relations for the Mardi Gras Casino. As you can see I know the community well. I am aware of the multiple needs experienced by your seniors, especially the 75 years of age and older residents. Many were the independent "younger old" who came to Florida when they were well able to take care of themselves, but now, the aging processes and loss of spouses have caused dependency to be their constant companions.

Whether it's the nutriment of food and/or caring, the Aging and Disability Resource Center responds to as many callers' needs as possible. By responding favorably to the Request for Mandated Local Matching Funds, I believe that the City of Hallandale Beach will be making a sound investment that will bring the blessings of caring, health and happiness to your senior constituency.

On behalf of this outstanding organization, I am asking you to once again support and approve The Areawide Council on Aging's application and Fair Share funding.

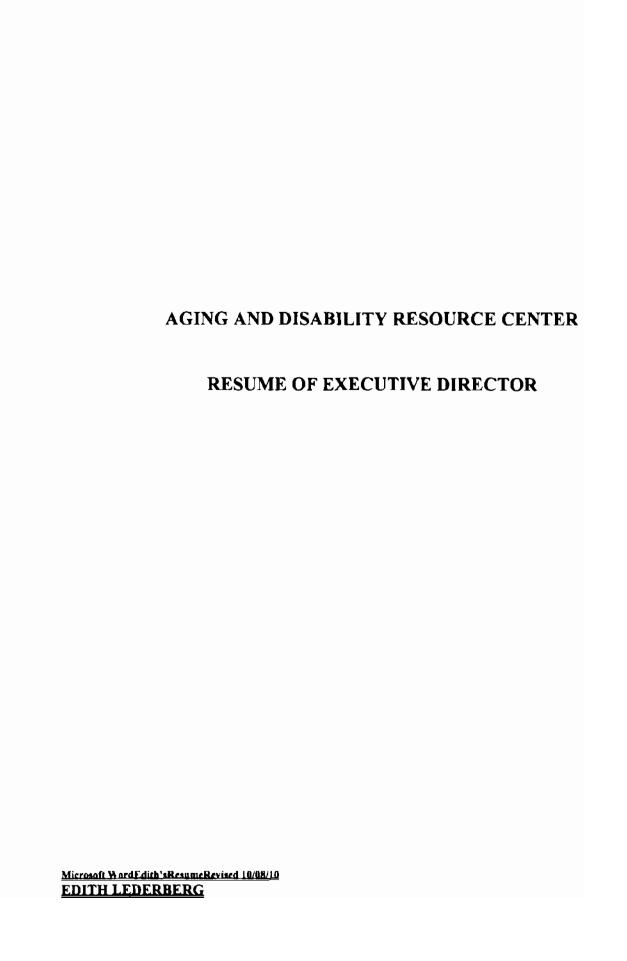
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Marcia Slow-Sandler

Director of Community Relations/Groups

(954) 924-3131

(954) 457-2497 Fax



954-714-3456

#### **OCCUPATIONAL GOALS**

As an administrator, I devote my time and abilities: to build and maintain a positive image of my employer; to develop programs beneficial to the needs of the senior community; and to provide the leadership and example necessary to strengthen and inspire my staff and the aging advocacy network.

#### **EDUCATION**

M.S. Degree	Hofstra University, 1956
	Major - Education

B.A. Degree University of Vermont

Hofstra University, 1951

Major - Spanish Minor - Education Cum Laude Graduate

Graduate Courses in Gerontology

Certification Permanent New York State Teaching Certificate

Florida License for High School and College Spanish

#### **WORK EXPERIENCE**

6/86 - Present	Executive Director, Aging and Disability Resource Center (Area Agency On Aging) of Broward County
8/77 - 6/86	Director of Community Relations/Advocacy as Community Coordinator
9/75 - 1/77	Public Relations Consultant, Wantagh Union Free School District, Long Island, New York
1/73 - 9/75	Teacher, Wantagh Union Free School District, Long Island, New York
1/55 - 3/61	Teacher, Lindenhurst/Freeport Public School Systems, New York
9/51 - 6/52	Teacher, Freeport Public School Systems, Long Island, New York
Ongoing	Freelance Writer, Editor, and Technical Advisor

#### **CURRENT POSITION RESPONSIBILITIES**

As Executive Director, I am the Contract Manager for an annual Federal/State Budget approximating over twenty-four million dollars. My other prime responsibilities are planning and developing aging programs for 339,317 elders in Broward County and advocating on behalf of senior concerns locally and throughout the United States. I supervise a Staff of twenty-seven personnel and represent the Area Agency on boards and advisory councils. In addition, I appear on radio and television programs to speak about senior concerns; prepare grant applications and articles concerning aging issues; and develop fundraising mechanisms to augment financial resources for the Area Agency. From 1988 to the present, I have produced, and continue to coordinate and moderate, a series, Spotlight on Seniors, aired on Comcast, a minimum of four (4) times monthly. The Program is shared with other cable networks.

#### **HONORS RECEIVED:**

2010 Honored - Broward Meals on Wheels - Parting the Seas Award

2009 Honored - 80th Birthday

2007 Honored - Leader of the Year - Leadership Broward Foundation, Inc.

2007 Honored, Edith Lederberg's 30th Anniversary

2005-Present - Sheriff's Mental Health Executive Committee

Delegate, White House Conference on Aging, 2005

Honored, Wisdom in Action Award - Senior Volunteer Services, 2005

2005 Honored - Alzheimer's Family Center

2004 Honored – Florida Association of Senior Centers

2004 Recipient, Liberty Bell Award

2004 Honored, Northeast Focal Point/CASA, Inc.

2003 Elected, Pioneer of Broward County

2002 Honored, Edith Lederberg's 25th Anniversary Celebration

2002 Recipient-Annual People Who Make a Difference Award-Contemporary Long Term Care Magazine

Honored, Women of Vision Award- Weitzman Institute, 2002

Florida's Federal Judicial Nominating Commission 1997-2004

Honored, Tribute to Aging Angel, deHoernle Pavilion, 2001

Honored, Wonderful Woman Award, Older Women's League (OWL), 2000

Honored, First Ladies of Broward, Broward County Fair, 1999

Florida Department of Elder Affairs Incredible Partner Award, 1999

First Call For Help Community Organization of the Year, 1999

American Red Cross Extraordinary Accomplishments Award, 1999

President, Florida Association of Area Agencies on Aging, 1995-1997

Selected Member, Broward Senior Hall of Fame, 1997

Electee, Broward Women's Hall of Fame, 1996

#### Edith Schaffer Lederberg HONORS RECEIVED (Continued)

Honoree, Alzheimer's Family Center Award, 1995

Delegate, White House Conference on Aging, 1995

Plantation Democratic Club Woman of the Year Award, 1994

Broward County Elderly Services Division Award 1994

Kings Point Democratic Club Humanitarian Award, 1993

Sunrise Lakes Women's Club, Phase 3, Women of Achievement Award, 1993

Broward Council of Executive Directors Leadership Award 1993

National Association of County Aging Programs Award of Excellence for Leadership in Aging, 1993

Northeast Focal Point's Dedication to Seniors' Award, 1993

Life Membership in the Older Women's League, 1993

Annual Appreciation Award, Northwest Federated Woman's Club, 1991

Humanitarian of the Year Award, Meridian Nursing Center, 1991

Special Award for Outstanding Public Service, Social Security Administration, Department of Health and Human Services, 1991

Published Poet, Distinctive Publishing Corporation, 1991 Published Poet, Blue Mountain Arts Corporation, 1987-present

Honorary Membership, Northwest Federated Woman's Club, 1990

Appointed Representative to Florida Task Force on Private Sector Health Care Responsibility

Distinguished Community Service Award, Alzheimer Association, Broward Chapter, 1988

Requested Presenter, National Association of Area Agencies on Aging Annual Conference, 1988, 1991, 1992

Presenter, American Society on Aging Conference, 1988

Honoree, Seniors Foundation of Northwest Broward, 1986

Media Representative, White House Conference on Aging, 1981

Participant, Governor's Conference on Aging, 1980

Broward Citizen of the Year, National Association of Social Workers, 1981

#### Edith Schaffer Lederberg HONORS RECEIVED (Continued)

Citizen of the Day, WJOY Radio (1190 FM), 1981

Life Membership in PTA

Kappa Delta Pi, Teachers' Honorary

Sigma Delta Pi, Spanish Honorary

Student Teaching Honorary

National Honor Society

#### 1986 - PRESENT ORGANIZATIONS AND MEMBERSHIPS

Broward County Coordinating Board for Transportation Disadvantaged Services, 1999-Present - Vice Chair, 2000-Present

Coordinating Council of Broward, 1995-Present Chair, 2005-2007 - Treasurer/Secretary-2004

United Way Northwest Regional Advisory Council - 2002-Present

North Broward Medical Center Community Advisory Board for the Cancer Center - 2002-Present

Holy Cross Hospital Home Health Advisory Council - 1998-Present

North Broward Hospital District Seniors Community Relations Council 1996-Present

Florida Telemarketing Fraud Prevention Steering Committee - 1996-2000

Broward Alzheimer Coordinating Council – 1994-Present

HRS Health and Human Services Board Subcommittee on Elder Affairs 1994-1996 Chair - 1994-1996

Florida Association of Area Agencies on Aging - 1986-Present Past President 1995-1996, Legislative Chair - 1997 - Present

Broward Council of Executive Directors (COED) - 1987-Present Co-Chair - 1992-1993

Florida Council on Aging - 1980-Present Board Member 1984-1987

National Association of Area Agencies on Aging - 1986-Present

#### Natasha K El Farghali 4913 Riverside Drive Coral Springs, FL 33067

Tel: (954)-345-9946 Cell: (954) 612-6630 E-mail: gunther-elf@msn.com

#### Objective

An accounting position in a growing, progressive, and forward thinking organization that offers opportunities for further advancement.

#### Experience

January 2002 -Present

H & R Block, Deerfield Beach, FL - Tax Professional Seasonal

Responsibilities include: preparing individual federal tax returns, cash draw reconciliation.

January 2003 -April 2003

R & R Travel, Inc. - Groups Coordinator Full Service Travel Agency

Responsibilities include: Organized tour schedules for senior groups, book cruises for senior clientele

March 2002

September 1999 - Daniel D. Cantor Senior Center, Sunrise, FL - Bookkeeper A Non-Profit Organization Specializing in Adult DayCare and Alzheimer Care

> Responsibilities include: accounts payable, accounts receivable, payroll management, petty cash, billing of weekly transit grant, monthly actual cost transportation grant reports, billing of monthly Alzheimer Disease Initiative grant, semi-annual and annual actual cost of Alzheimer Disease Initiative grant reports, projected annual Alzheimer Disease Initiative budget, Senior Center's projected annual budget.

February 1999 -June 1999

Delray Mazda, Delray Beach, FL - Accounting Clerk New Car Dealership

Maintained and reconciled dealer schedules for parts and new/used car inventory. Cross-trained as replacement for Accounts Payable clerk.

Sept. 1996 -July 1998

All Season Industrial Products, Inc., Islandia, NY - Office Manager Office Manager

Responsible for weekly payroll for commissioned personnel, accounts receivable, and accounts payable, payroll taxes, take-in of returned products from and year-end inventory.

#### Resume of Natasha K El Farghali Page 2

#### Experience

Sept. 1993 -

Western Beef Supermarket, Bronx, NY - Bookkeeper

January 1996

Bookkeeper

Training of new hires, maintaining price changes, inputting orders, customer assistance, planning and input of weekly schedule, nightly close-outs of

cashiers' tills and reconciled daily cash flow.

Education

September 1997- Suffolk County Community College, Selden, NY

January 1998

Accounting Degree Program

October 1994 -

U.S. Army, Fort Gordon, GA

January 1995

Computer Science

Computers:

Windows 95/98/XP, MS Word, Excel, Publisher, Power Point, MS Works,

Real World Accounting software, WordPerfect, QuickBooks Pro 2000,

WinFax Pro 10.1, ACTS 4.0, UPS shipping software

#### ELIZABETH L. LOMBARDO

6701 Sheridan Street, Hollywood FL 33024 (954) 964-2262

#### **PROFILE**

#### General management support professional with proven abilities including:

- Excellent interpersonal and communication skills
- Strong organizational and analytical strengths
- Proactive management style
- Effective training & motivational track record
- Excellent team building & computer expertise

#### PROFESSIONAL EXPERIENCE

downsised zer and of zer morch

Zenith Goldline Pharmaceuticals, Miami, FL

still there? Why want to leave?

Corporate Pricing Analyst

Prepare and mail product flight information. Maintain, update and communicate the "new product" Registry for both internal and external purposes. Maintain pricing integrity for all products.

Government Sales Manager

Evaluate all requests for bid and make recommendations on pricing and overall profitability of each response. Responsible for all quarterly sales reports required by Government contracts, including Small Business Utilization reports Completed pre-award audit for Federal contract solicitation.

Bids, Contracts & Pricing Manager

Supervise team responsible for preparation of all bids and contracts. Initiate and implement procedures to analyze and monitor profitability for all contracts. Make recommendations for contract changes based on contract profit analysis.

Bids, Contracts & Corporate Accounts Manager

Supervise team responsible for evaluating all requests for bid for entire company as well as a specialized team that implements all pricing, programs, promotions and generates communication to both the Institutional and Government field sales team and to all customers. Preparation of all specialized customer mailings. Analyze competitive market pricing to determine profit impact on current and potential sales.

Government & Institutional Telesales Division Manager

Supervise team responsible for continued growth in sales and better contract utilization. Coach, train and motivate inbound sales and customer service call center. Assist in documentation of telesales systems with outside consultants to improve functionality of system. Teach training classes for selling skills, computer utilization as well as systems familiarity for the sales department. Achieved "Gold Circle" award for Top Sales four times from 1991 to 1995.

Prior Experience in the retail and hospitality fields.

References available upon request.

Girl Scouts, Sundy School Teacher, Bible School.

Start Olals 6/23/98

#### ELIZABETH L. LOMBARDO

6701 Sheridan Street, Hollywood FL 33024 (954) 964-2262

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DΔ	fer	· An	A.D	

**Business:** 

Ed Berrios Hi Tech Pharmacal

Coral Springs, FL 954-570-7201

PT work with him

Mark Blitman Golden State Medical Coral Springs, FL 954-344-7335

George Gibrall

Richmond Pharmaceuticals

Richmond, VA 804-270-4498

Client

handled his accounts

Pastor Robert Schefter Trinity Lutheran Church 989-1903

Pastor

Marie Padula Hollywood, FI 989-8382

Darcy Renna Hollywood, FL 983-8042

Please call Vi

(Ned aclosed ) 12 my of what was

Elizabeth

#### SHIRLEY D. GRANT-SNIPES

#### 7617 NW 70<sup>th</sup> Ave, Tamarac, FL 33321 (954) 721-3700

Spipesb@aol.com

#### **EDUCATION**

#### Masters in Public Health, Nova Southeastern University

Ft Lauderdale, Florida\*May 2000

- Quantitative and Qualitative Research
- Analyzed and formulated a strategic plan
- Issues of the Elderly
- Experience in the areas of Dornestic Violence and HIV

#### Bachelor of Science in Business Administration, Benedict College

Columbia, South Carolina\* May 1991

#### PROFESSIONAL EXPERIENCE

Foundation Health Systems, Health Mamtenance Organization, Sunrise, Florida 1999-Present Commissions Coordinator II - Accounting Dept

- Assist internal and external customers with all aspects of the commission's area.
- Audit employee monthly ucentives (Medicare, Medicard, Commercial, and Individual).
- Research and reply to employee inquiries.
- Assist in analyzing and defining business requirements for the design of an advanced commissions payment system.
- Supervise and train a staff of 2, ensuring that all functions are executed according to the company's policy and procedures.

#### Commissions Coordinator 1 - Accounting Dept

1997-1999

- Maintained broker records.
- Processed brokers monthly commissions (Commercial and Individual).
- Disbursed commission payments in a timely and accurate manner.
- Assisted brokers (identified, researched, and resolved discrepancies).
- Participated in special projects.
- Performed all necessary clerical functions to ensure a smooth operation of the department

#### Blockbuster Entertainment Group, Ft. Lauderdale, Florida

1996-1997

Accounting Clerk- Cash and Banking Dept.

- Prepared and completed monthly bank reconciliation of store and corporate cash accounts.
- Identified, researched and resolved any financial reconciliation problems.
- Assisted in the preparation of monthly reports by compiling statistics and entering data.

#### TRAINING

CUSH (Churches United To Stop AIDS) 5 hours
Medical Terminology

#### COMPUTER SKILLS

Long 1-2-3, Microsoft Word, Microsoft Excel, Amisys, PowerPoint, SAP, Epi 6

#### REFERENCES

Available upon request



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (NM/DD/YYYY)

3/8/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder in the terms and conditions of the policy, certificate holder in lieu of such andors	certain p	olicies may require an en	policy(les) must be dorsement. A sta	endorsed. tement on th	If SUBROGATION IS WAIVED is certificate does not confer r	, subject to rights to the
PRODUCER			CONTACT			
Seitlin Insurance 6700 N. Andrews Ave. Suite 300			NAME.  PHONE [A/C, No, Ext); (954) 938-8798 [A/C, No) (954) 938-8566			
Ft. Lauderdale FL 33309			ADDRESS:	CIIDEO/E\ AEEO	RDING COVERAGE	NAIC #
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Sunrise FL 13351			INSURER E :			
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(Mandatory in NH)	N/A'				E.L. DISEASE - EA EMPLOYEE \$	500,000
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (Attach	ACORD 101, Additional Remarks 5	Schedule, if more space !	s (6qu)red)		•
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CERTIFICATE HOLDER			CANCELLATION			
Areswide Council on Aging of Broa	rard Cou	unty, Inc.		N DATE TH	ESCRIBED POLICIES BE CANCEL EREOF, NOTICE WILL BE DE CY PROVISIONS.	
5300 N. Hiatus Road			AUTHORIZED REPRESENTATIVE			
			THE CIL			
Suprise FL 33351			V	<del>-</del>		

## GRANT APPLICATION COVER PAGE

Organization Name: Police Athletic League of Hallandale Beach				
Mailing Address: 410 SE 3 <sup>rd</sup> Street				
City/State/Zip Code: Hallandale Beach, Florida 33009				
Phone. (954) 457-1466 Fax: (954) 457-1457 E-mail: jcarrillo@cohb.org				
Name of Contact Person: Jonathan CarrilloTitle: Program Coordinator				
Organization Information				
Is the organization incorporated? Yes ■ No □ FEIN# 42-1644205				
Does the organization have 501c (3) Tax Exemption Status? Yes ■ No □				
If no, have you applied? Yes $\square$ No $\square$ If yes, provide a copy with your application.				
Does the organization have a Board of Directors? Yes $\blacksquare$ No $\square$				
Total # of Board Members 12 # of Staff 4 # of Volunteers 150				
Does your organization carry Liability Insurance? Yes ■ No □ Amount \$1,000,000				
Proposal Information				
Program/Project Name PAL of Hallandale Beach				
Priority Area Addressed <u>CRA District</u> Age group <u>5-18</u> # to be served 1,200 kids and 150 volunteers				
Annual Budget \$ Amount of Request \$_70,000Total Project Cost \$342,915.42				
Source of Current Funding City of Hallandale Beach Grant/CRA/Hallandale Beach PD				
Has your organization received funding from the City before? Yes █ No □				
If yes, Amount Funded \$70,000 Year 2010-2011 # of Residents Served 800				
Have you attended the City's Capacity Building Workshops conducted by Mr. Non Profit?  Yes █ No □				
Give a brief summary of the Previous Project Funded: Provided safe and affordable athletic programs to the residents of Hallandale Beach and provided an opportunity for interaction between Police Officers and the youth of the community				
Authorized Signature of Organization Representative Date 5-9-11				

#### **GRANT APPLICATION**

#### **APPLICATION CHECKLIST**

Please initial below as confirmation that each of the required documents has been submitted with the Application for review.

, <u>-</u>	
	COVER PAGE
<u> 49</u>	APPLICATION CHECKLIST
46)	Copy of Organization Non-Profit Status Letter from IRS
	List of Board Members, Director/Agency Head, Titles and Addresses
4	Evidence of Incorporation for State of Florida (www.sunbiz.org)
<u>-4</u>	Evidence of Financial Soundness (990 form) or documentation from a Financial Institution showing three (3) months of operating expenses
-(	Letters of Support for the project (limit to three (3))
11/4	Memorandum of Understanding/s if partnering with any organization/s
15/ 15/	Key Staff Resumes
1.1	Copy of the organization's Certificate of Insurance and/or a Letter of Indemnity (holding the City of Hallandale Beach harmless)

#### **GRANT APPLICATION**

#### 1. ORGANIZATION BACKGROUND INFORMATION (no more than 1 page)

#### • Give an overview of the Agency Mission, history and current programs/services.

The Police Athletic League of Hallandale Beach (PAL) was incorporated in 2004 as a way to provide an opportunity for interaction between Police Officers and the youth of the community. In 2006, PAL took over all athletics for the City of Hallandale Beach. Since its inception, PAL has increased membership from 125 participants to over 1,200.

PAL believes that athletics are a vital part of a child's life. Participation in athletics provides excellent preparation for achievement in school, college and in later years, in the business world. Participants learn how to compete effectively and with integrity in any setting, how to be a contributing member of a team and society, how to provide leadership, and how to be resilient after defeat or victory. PAL believes that these lessons instill and strengthen qualities that add to success in our children's personal, and future professional lives.

PAL has developed several constructive programs that assist in solving youth problems and giving the young people of our community hope. PAL serves our community as a whole by providing twelve programs of enrichment for City of Hallandale Beach residents as follows; basketball, boxing, bowling, cheerleading, Fall Baseball, Fall Soccer, Flag Football, Kid's Fit Program, Spring Baseball, Summer Soccer, Tackle Football and Track and Field.

The athletic programs run throughout the calendar year. On average, there are three different programs running concurrently, providing a wide range of activities for the residents in our community. To continue servicing our community, PAL's instituted summer soccer, a bowling league, boxing, flag football and a kid's fit program in the last twelve months alone.

### 2. DESCRIPTION OF PROGRAM/PROJECT (no more than 2 pages)

#### Give a general overview of the Program/Project.

PAL provides affordable youth crime prevention programs that utilize educational, athletic and recreational activities to create trust and understanding between police officers and youth and provide a safe and secure environment for the residents in our community. PAL offers overlapping sports to offer a greater appeal to its residents throughout the calendar year and will continue to seek new programs for the community. PAL provides economic assistance to residents of the City of Hallandale Beach through an established Economic Assistance Grant Program. PAL gathers report cards/progress reports from all participants and compile data as per the City of Hallandale Beach Resolution number 2008-03, which states each participant must maintain a minimum 2.0 GPA. Any participant that does not meet the requirement is given information on afterschool/tutorial programs and follows up with their participation and progress.

#### Provide a description of the Issue or Need for your Program/Project?

Any community must meet the needs of all its residence. Since taken over all the athletics in 2006, PAL is the sole provider of youth sports for the City of Hallandale Beach. With the City of Hallandale Beach demographics becoming younger, PAL feels it's essential to provide year round sports to meet the community needs.

#### How will your services address the City's Priority Area you selected?

PAL recognizes that a large portion of the youth in our community face many challenges in the areas of academics, finances, and social interactions. Most of these youth lack positive role models in their lives and as a result, are susceptible to following a path of destruction. Since 2007, juvenile crime has showed a steady climb in our community. By intervening in the lives of these youth, an impact will be made on our community at-large. By providing a safe and secure environment to participate in and overseeing the program with a police presence and verified volunteers, their potential and ability to succeed will increase.

PAL's goal is to coordinate and provide programs and activities which contribute to the development, character, and integrity, physical and mental fitness of our participants. It is our desire to foster a close relationship between law enforcement officers and the young people of our community, to encourage close cooperation and to build understanding, respect and trust. Ultimately our goal is to reduce youth crime, violence, alcohol, drug abuse and gang affiliations by steering them through positive interaction in our athletic programs and working closer with other agencies in our community to distribute information.

#### Who will be served and number to be served?

PAL will serve the entire City of Hallandale Beach as well as surrounding communities. Based on prior numbers PAL anticipates servicing over 1,200 participants.

#### Number of Hallandale Beach residents that you will serve.

Based on prior registrations, PAL served over 750 residents and we expect that number to increase with the addition of new sports such as flag football being added to program.

#### How will your services benefit participants?

PAL feels athletics play an integral park in a child's development. By teaching sportsmanship, leadership, teamwork and overcoming adversity, athletics provide a platform for our children to succeed later in life.

#### Will there be a Fee for services?

PAL charges a resident fee for all sports in the amount of \$35 per participant. With the support of the Cities grant and sponsorships, PAL has the lowest registration fee of any neighboring city. Non-residents pay more than double the amount, \$75 per participant, which helps fund the program and keep costs lower for our residents.

#### • Will you provide scholarships or waivers?

PAL will provide economic assistance to residents of the City of Hallandale Beach through an established Economic Assistance Grant Program. The Grant Program will be based on the guidelines set forth by the Florida Income Guideline for Reduced Meals (see attachment) and will offer qualified residents either 50% or 100% scholarships.

#### How will the community benefit?

With these tough economical times, PAL offers affordable organized actives which benefits the families in our community. Those with low income can register at reduced rates so that their children can stay active in the community. With health care costs increasing, athletics can teach lifelong lesson in how important it is to get exercise and stay fit. By providing a Kid Fit Program and non impact sports such as bowling, we also offer an alternative to team sports for children to participate while still get the benefits of staying active.

#### Other agencies or organizations involved in the project?

The City of Hallandale Beach has long supported PAL with access to facilities including fields for athletic sports and buildings for various events such as awards banquets, meetings and fundraisers. The School Board also allows PAL to use its athletic facilities to continue programs that would have otherwise ceased to exist. The Hallandale Beach Police Department serves as the fiscal agent and major stakeholder for PAL and provides consistent volunteers to work with the participants in addition to a support structure. PAL has also established excellent relations with the business community such as Gulfstream Park, Mardi Gras and the Village At Gulfstream Park and other 501 (c) 3 organizations such as the Kiwanis Club of Hallandale Beach and the Prestige Club. Finally, our Police Athletic League is affiliated with the Florida Police Athletic League and the National Police Athletic League.

#### **GRANT APPLICATION**

## 3. METHOD OR STRATEGY FOR IMPLEMENTATION (no more than 1 page)

#### • Describe the specific activities to achieve Goals and Objectives.

	Problem	Intervention Activity/ies	Expected Outcome(s)
Beac	dents of the City of Hallandale th need affordable athletic rainming	Year round athletic programming	Deterrence of juvenile crime; builds character, self confidence and leadership skills
of H	Income Residents of the City allandale Beach need assistance sports registrations	Economic Assistance Grant	Aids City of Hallandale Beach residents in keeping their children in safe and constructive activities
City of Hallandale Beach Gang and Youth Violence		Athletic programs including "Gloves not Guns" Program	Deterrence from juvenile crime
Beac	dents of the City of Hallandale the need assistance with staining a minimum GPA		Aids the City of Hallandale Beach students with the ability to further their education

#### Who will be responsible for the overall project?

The Hallandale Beach Police Departments Community Involvement Unit oversees the program.

#### What staff will be involved?

The Hallandale Beach Police Community Involvement Unit supplies a Sergeant to help oversee the program. Day to day management is supplied by the PAL Program Coordinator, PAL Assistant Coordinator and two part-time employees.

#### • Include potential partners or collaborations

The City of Hallandale Beach also provides an additional part-time employee through the Parks and Recreation Department.

#### What is the time frame for implementing the project?

This program has been in existence since 2004 and with the continued support of the City of Hallandale Beach has showed a steady increase in participation and programs through the years.

#### Provide the locations of where you will provide services.

PAL utilizes parks within the City of Hallandale Beach and the Broward County School Board.

- o Peter Bluesten Park, 501 SE 3<sup>rd</sup> Street
- o O. B. Johnson Park, 900 NW 8<sup>th</sup> Avenue
- o Hallandale Adult Community Center, 1000 SW 3rd Street
- o Cultural Community Center, 410 SE 3<sup>rd</sup> Street
- o Hallandale High School, 720 NW 9th Avenue

#### Days and hours of operations.

The hours and days of operations run concurrently with the sports that are being offered. Generally these involve Monday through Friday's from 5pm to 9pm and Saturdays from 8am to 9pm depending on the sports. Many times events and athletics are held on Sundays' as well.

#### 4. EVALUATION (no more than 1 page)

### How will you address the issues/s, make improvements or achieve success? Outcomes Evaluation

Offer quality year round athletic Maintain current athletics and seek programming to its residents new opportunities. Track registrations through computer based software and monitor participation Offer Economic Assistance to Maintain strict paperwork and residents guidelines and monitor totals Monitor GPA for all participants Pinpoint participants during each sport season and follow up with referrals to CRA approved programs "Gloves not Guns" Program Partner with local schools to identify at risk students and monitor their progress in five week program

### • What methods will you utilize to measure success or benefits (i.e. attendance, surveys, pre-post test, etc)?

PAL will monitor the retention of its athletes from the beginning of each program to its conclusion. PAL will send out surveys in order to get responses to help provide the quality of programming the City of Hallandale Beach deserves. PAL will monitor its participants GPA's to ensure they meet our requirements and follow up to ensure that those that do not are seeking help and showing progress.

#### How often will you evaluate your services?

PAL will evaluate at the conclusion of every athletic season. The benefit of this is that since PAL runs multiple sports throughout the year, we can incorporate any changes we deem necessary.

#### **GRANT APPLICATION**

#### 5. SUSTAINABILITY (no more than 1 page)

#### • If you receive 50% of the amount requested how will you operate services?

PAL would attempt to operate services but at a greater cost to the residents. Without the proper funding, registration costs would need to be raised in order to cover costs of equipment, league fees, uniforms, transportation, insurances and materials.

#### • If you do not receive funding, will you still operate services?

PAL would attempt to operate services but at a greater cost to the residents. With no funding, PAL would not be able to offer scholarships to its residents, which would likely eliminate the youth football and cheerleading program and decrease registration in many others. Football and cheerleading is our most expensive program to run. Prior to every season thousands of dollars are spent on insurance, recertifying equipment, league registration, officials and transportation. Additional uniforms must be replaced every 3 years at an average cost of \$20,000 for football and cheerleading. Over 90 percent of our football and cheerleading registrations in the CRA area were awarded 100% scholarships, so unlike our other sports we receive little revenue in registration fees. Transportation costs would have to be eliminated which would cause a hardship to our participants. In addition, in order to properly run the athletic programs, registrations in all sports would have to be increased to help cover the costs which may force residents to withdraw from athletic programs in these tough economic times.

- What other Funding Sources have you submitted requests for this program/project? Remaining funds are gathered through sports registrations and fundraisers.
- Have you been funded or received a commitment letter? Yes, the Village at Gulfstream supported your Tackle Football program in 2010, by donating \$15,000.
- What is your organization's Sustainability Plan for the next three years?

PAL works hand in hand with the City of Hallandale Beach and the Hallandale Beach Police Department. Without the support of these organizations, PAL would not be able to exist. PAL seeks out sponsorships through local businesses and host fundraisers to help offset costs in order to keep the program affordable for its residents.

#### **GRANT APPLICATION**

#### PROPOSED PROJECT NAME: **GRANT OTHER REQUEST** GRANT FUNDS **ITEM INKIND JUSTIFICATION** PAL Staff/2 Full/2 Part-Time \$238,415.42 **Personnel Cost** Consultants Uniforms for all sports \$10,000 \$10,000 Supplies/t niforms All sports equipment/Field \$33,500 \$20,000 ' Equipment\* Equipment Local/National Conferences \$2,000 Travel **Facility** Rental/Fees \$1,250 \$1,250 Signs, banners and newspaper Marketing Brochures, registration fees, \$1,250 \$1,250 Website Maintenance fees Printing Other \$24,000 \$20,000 - Economic Assistance (specify) **Program** \$4,000 - Football/Cheerleading Transortation \$70,000 \$272,915.42 TOTALS **TOTAL BUDGET: \$342,915.42** \* Equipment purchased over \$500 may become the property of the City of Hallandale Beach. **CERTIFICATION** I certify that the information contained in the Application, including Budget and Attachments (supporting materials) are true and correct to the best of my knowledge. Signature of Authorized Representative PAL Program Coordinator Title

INTERNAL REVENUE SERVICE F. C. BOX 2508 INCINNATI, OH 45201

Tate: APR 1 5 2005

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FOLICE ATHLETIC LEAGUE OF HALLANDALE BEACH INC C.O THOMAS MAGILL 400 S FEDERAL HWY HALLANDALE BEACH, FL 33009 Employer Identification Number:
41-1644215

DLN:
17053306009004

Contact Person:
GERRY R McLAUGHLIN

Contact Telephone Number:
(977) 829-5500

Accounting Period Ending:
DECEMBER 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
YES
Effective Date of Exemption:
AUGUST 25, 2004
Contribution Deductibility:
YES
Advance Ruling Ending Date:
DECEMBER 31, 2008

#### Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501:c)(3) of the Code are further classified as either public charities or private foundations. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the effective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.

Shortly before the end of your advance ruling period, we will send you Form 8734, Support Schedule for Advance Ruling Period. You will have 90 days after the end of your advance ruling period to return the completed form. We will then notify you, in writing, about your public charity status.

Please see enclosed Information for Exempt Organizations Under Section 501(c)(3) for some helpful information about your responsibilities as an exempt organization.

#### PAL of Hallandale Beach

#### Board of Directors

Name: Dan Atkins

Address: 831 North Federal Highway

City: Hallandale Beach Phone: (954) 457-1470

E-Mail: Administration a playmardigras.com

PAL President

Name: Harry Escandon Address: 22 NW 1 Avenue

City: Hallandale Beach, FL 33009

Phone: (954) 925-5252

E-Mail: 10WMAN1025400844 *a* aol.com

PAL Vice-President

Name: Stacey S. Fisher Address: 640 SW 7th Court City: Hallandale Beach Phone: (305) 733-5281

E-Mail: stacev'a sprechmanlaw.com

PAL Secretary

Name: Patty Ladolcetta Address: 400 S. Federal Hwy City: Hallandale Beach

Phone: (954) 457-1300

F-Mail: pladolcetta@hallandalebeachfl qov

PAL Treasurer

Name: Dwayne Flournoy Address: 400 S. Federal Hwy City: Hallandale Beach Phone: (954) 457-1411

E-Mail: tmagill a hallandalebeachtl.gov

PAL Executive Director

Name: Jonathan Carillo Address: 410 SE 3rd Street City: Hallandale Beach (954) 457-1466 Phone:

E-Mail jearrillo  $\bar{a}$  hallandalebeachfl.gov

PAL Program Coordinator

## **Board Members**

Barbara Southwick Joe Kessel Pat Brennan Stephen Cummings William Julian Brian Kingsly

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## **Detail by Entity Name**

#### Florida Non Profit Corporation

POLICE ATHLETIC LEAGUE OF HALLANDALE BEACH, INC.

#### Filing Information

 Document Number
 N04000008299

 FEI/EIN Number
 421644205

 Date Filed
 08/25/2004

State FL ACTIVE

Last Event AMENDMENT
Event Date Filed 02/21/2005
Event Effective Date NONE

#### Principal Address

400 S. FEDERAL HWY HALLANDALE BEACH FL 33009

Changed 02/22/2010

## **Mailing Address**

400 S FEDERAL HWY HALLANDALE BEACH FL 33009

Changed 02/22/2010

#### Registered Agent Name & Address

FLOURNOY, DWAYNE S CHIEF 400 S FEDERAL HWY HALLANDALE BEACH FL 33009 US

Name Changed: 04/05/2011

#### Officer/Director Detail

#### Name & Address

Title P

ADKINS, DAN 831 N. FEDERAL HIGHWAY HALLANDALE BEACH FL 33009 US

Title VP

ESCANDON, HARRY

4101 N. 48TH AVE HOLLYWOOD FL 33021 US

Title ED

FLOURNOY, DWAYNE S 400 SOUTH FEDERAL HIGHWAY HALLANDALE BEACH FL 33009 US

Title S

FISHER, STACEY S 640 SW 7TH COURT HALLANDALE BEACH FL 33009 US

Title T

LADOLCETTA. PATRICIA 400 S FEDERAL HWY HALLANDALE BEACH FL 33009 US

Title PC

<u>Events</u>

CARILLO, JONATHAN 410 SE 3RD STREET HALLANDALE BEACH FL 33009 US

#### **Annual Reports**

#### Report Year Filed Date

2009 04/20/2009 2010 02/22/2010 2011 04/05/2011

#### **Document Images**

34 05.2011 - ANNUAL REPORT	View image in PDF format
02-22 2010 ANNUAL REPORT	View image in PDF format
<u> 64/20/2009 ANNUAL REPORT</u>	View image in PDF format
C1/22/2008 ANNUAL REPORT	View image in PDF format
04/18/2007 ANNUAL REPORT	View image in PDF format
02/03/2006 ANNUAL REPORT	View image in PDF format
05/27-2005 ANNUAL REPORT	View image in PDF format
02/21/2005 Amendment	View image in PDF format
08/25/2004 Domestic Non-Profit	View image in PDF format

Note: This is not official record. See documents if question or conflict

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5/06/11 GM200102 CITY OF HALLANDALE BEACH 11:27:20 Fiscal year 2011 Account Balance Inquiry

Account number . . : 660-0000-229.01-31 Db/Cr . : C

Fund . . . . . . . 660 GENERAL TRUST FUND

Department . . . : 00

Division . . . . : 00

Activity basic . . : 22 ESCROW ACCOUNTS
Sub activity . . . : 9 OTHER CURRENT LIABILITIES

Element . . . . : 01 TRUST ACCOUNTS

Object . . . . . : 31 POLICE ATHLETIC LEAGUE

	Debits	Credits	Account balance
			.00
Current :	.00	.00	
Unposted :	57,179.38	91,708.00	
Total :	57,179.38	91,708.00	34,528.62

F7=Project data F8=Misc inquiry F10=Detail trans F11=Account activity F12=Cancel F16=Pending trans F24=More keys



### **Custom Business Checking**

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## **Custom Business Checking**

2/01/2011 thru 2/28/2011

Account number

2000049589140

Account owner(s):

POLICE ATHLETIC LEAGUE OF HALLANDALE BCH

MAIN CHECKING

Account Summary

Opening balance 2/01	\$6,866 63
Deposits and other credits	2,578.00 +
Checks	4,650.80 -
Other withdrawals and service fees	3,992 38 -
Closing balance 2/28	\$801.45

#### **Deposits and Other Credits**

Total	\$2,578.00	
2/11	1,151.00	DEPOSIT
2/11	441.00	DEPOSIT
2/04	375.00	DEPOSIT
2/04	331.00	DEPOSIT
2/04	280.00	DEPOSIT
Date	Amount	Description

#### Checks

Number	Amount	Date posted	<u>Number</u>	Amount	Date pos <b>te</b> d	Number	Amount	Dale poslad
1040	3,252.75	2/01	1055*	42 40	2/07	1060*	1,050 00	2/02
1051*	100.05	2/03	1058*	205 60	2/01	Total	\$4,650.80	

<sup>\*</sup> Indicates a break in check number sequence

#### Other Withdrawals and Service Fees

Date	Amount	Description
2/01	69.99	PURCHASE BJ'S WHOLESALE C 4000 O 01/31 Hollywood FL 9010I438219
2/01	200.00	WITHDRAWAL Wells Fargo Bank 02/01 HALLANDALE-FC HALLANDALE FL 8020S000681
2/02	42.54	PURCHASE WINN DIXIE 1055 HALLAND 02/01 HALLANDALE FL 80201747431

Other Withdrawals and Service Fees continued on next page



## Small Business High Performance Mm

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## Small Business High Performance Mm

2/01/2011 thru 2/28/2011

Account number:

2000049589409

Account owner(s)

POLICE ATHLETIC LEAGUE OF HALLANDALE BCH

MAIN SAVINGS

Account Summary

\$2,97 <u>4.32</u>
011+

#### **Deposits and Other Credits**

Amount Description

2/28 0.11

INTEREST FROM 02/01/2011 THROUGH 02/28/2011

Total \$0.11

#### Interest

Number of days this statement period Annual percentage yield earned Interest earned this statement period Interest paid this statement period 28 0 05%

\$0 11 \$0 11

Interest paid this year

**\$**0.11

#### Checks

Number	Amount	Date posled	Number	Amount	Date posted	Number	Amount	Date posled
1001	<b>75</b> 00	2/17	Total	\$75.00				

#### **Daily Balance Summary**

<u>Dates</u>	Amount	Dates	Amount	<u>Dates</u>	
2/17	2,899 32	2/28	2,899.43		



## **Essential Business Checking**

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Infinition to the concession checking of Hallandale BCH CONCESSION CHECKING CB 400 S FEDERAL HWY HALLANDALE BEAC FL 33009

## **Essential Business Checking**

2/01/2011 thru 2/28/2011

Account number

2000049589412

Account awner(s):

POLICE ATHLETIC LEAGUE OF HALLANDALE BCH

CONCESSION CHECKING

**Account Summary** 

Opening balance 2/01	\$805 30
Deposits and other credits	233 00 +
Other withdrawals and service fees	236.32 -
Closing balance 2/28	\$801.98

#### **Deposits and Other Credits**

Total	\$233 70	
2/11	84.00	DEPOSIT
2/04	149.00	DEPOSIT
Date	Amount	Description

#### Other Withdrawals and Service Fees

Date	Amount	Description
2/03	27 97	PURCHASE BJ'S WHOLESALE C 4000 O 02/02 Hollywood FL 80111327283
2/07	99.04	PURCHASE BJ'S WHOLESALE C 4000 O 02/04 Hollywood FL 8011I507826
2/16	48.75	PURCHASE BJ'S WHOLESALE C 4000 O 02/15 Hallywood FL 80111703098
2/24	60 56	PURCHASE BJ'S WHOLESALE C 4000 O 02/23 Hallywood FL 80111630978
Total	\$236.32	

#### **Daily Balance Summary**

Dates	Amount	Dates	Amount	<u>Dales</u>	Amount
2/03	777 33	2/07	827.29	2/16	862 54
2/0 <b>4</b>	926.33	2/11	911.29	2/24	801.98



## **Custom Business Checking**

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## **Custom Business Checking**

3/01/2011 thru 3/31/2011

Account number.

2000049589140

Account owner(s).

POLICE ATHLETIC LEAGUE OF HALLANDALE BCH

MAIN CHECKING

Account Summary

Opening balance 3/01	\$801.45
Deposits and other credits	16,269.00 +
Checks	965 00 -
Other withdrawals and service fees	12,569.11 -
Closing balance 3/31	\$3,536,34

#### **Deposits and Other Credits**

Total	\$16,269.00	
3/31	3,065 00	DEPOSIT
3/31	500 00	TRNSFR 2000049589409 03/31 ONLINE TRNSFR CONFIRMATION # VY307841339
3/28	442.00	DEPOSIT
3/22	335.00	DEPOSIT
3/21	440.00	DEPOSIT
3/21	200.00	DEPOSIT
3/21	172 00	DEPOSIT
3/15	925.00	DEPOSIT
3/15	474.00	DEPOSIT
3/14	500.00	DEPOSIT Wells Fargo Bank 03/14 HALLANDALE-FC HALLANDALE FL 8020C005867
3/14	500 00	DEPOSIT Wells Fargo Bank 03/14 HALLANDALE-FC HALLANDALE FL 8020C005866
3/07	50.00	REFUND PARTY CITY 315 03/03 4828802846739 HOLLYWOOD FL 9010V764440
3/04	866 00	DEPOSIT
3/01	4,150 OC	DEPOSIT
3/01	1,767 00	DEPOSIT
3/01	1,330.00	DEPOSIT
3/01	373.00	DEPOSIT
3/01	180.00	DEPOSIT
Date	Amount	Description



## Small Business High Performance Mm

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**Electronic Delivery** 

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## Small Business High Performance Mm

3/01/2011 thru 3/31/2011

Account number

2000049589409

Account owner(s)

POLICE ATHLETIC LEAGUE OF HALLANDALE BCH

MAIN SAVINGS

Account Summary

Opening balance 3/01	\$2,899.43
Interest paid	0 06
Checks	1,879.84
Other withdrawals and service fees	500 00 -
Closing halance 3/31	5519.65

#### Deposits and Other Credits

Date Amount

3/31 0.06

INTEREST FROM 03/01/2011 THROUGH 03/31/2011

Total \$0.06

#### Interest

Number of days this statement period 0.05% Annual percentage yield earned Interest earned this statement period \$0.06 Interest paid this statement period \$0.06 \$0.38 Interest paid this year

#### Checks

Number	Amount	Date posted	Number	Amount	Date posted	1
1002	595.00	3/01	1005	450.04	3/09	•
1003	380.00	3/08	1006	75.00	3/16	-
1004	59.80	3/07	1007	320 00	3/14	

Number	Amount	Date posted
Total	\$1,879.84	

#### Other Withdrawals and Service Fees

Date Amount Description

TRNSFR 2000049589140 3/31 500 00 03/31

ONLINE TRNSFR CONFIRMATION # VY307841339

Total \$500.00



## **Essential Business Checking**

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**Electronic Delivery** 

Infinition that the police athletic league of Hallandale Bch Concession Checking CB 400 S FEDERAL HWY HALLANDALE BEAC FL 33009

## **Essential Business Checking**

3/01/2011 thru 3/31/2011

Account number:

2000049589412

Account owner(s):

POLICE ATHLETIC LEAGUE OF HALLANDALE BCH

CONCESSION CHECKING

Account Summary

Opening balance 3/01	<u>\$801.98</u>
Deposits and other credits	608.00 +
Other withdrawals and service fees	884 12 -
Closing balance 3/31	\$525.86

#### **Deposits and Other Credits**

Total	\$608.00	
3/15	96 00	DEPOSIT
3/14	400.00	DEPOSIT Wells Fargo Bank 03/14 HALLANDALE-FC HALLANDALE FL 1023C005870
3/01	112.00	DEPOSIT
Dale	Amount	Description

#### Other Withdrawals and Service Fees

Date	Amount	Description
3/25	62.70	PURCHASE BJ'S WHOLESALE C 4000 O 03/24 Hollywood FL 80111434511
3/25	196 67	PURCHASE BJ'S WHOLESALE C 4000 O 03/24 Hollywood FL 80111427730
3/30	624 75	PURCHASE GFS Mktplc #067 101 S S 03/29 HOLLYWOOD FL 80111307969
Total	\$884.12	

#### **Daily Balance Summary**

Dates	Amount	<u>Dates</u>	Amount	Dates	<u>Amount</u>
3/01	913.98	3/15	1,409 98	3/30	525.86
3/14	1,313 98	3/25	1,150 61		

DO YOU NEED TO ORDER BUSINESS CHECKS? HERE ARE 3 EASY WAYS TO ORDER. 1) LOGIN TO WWW.WACHOVIA COM, 2) CALL HARLAND CLARKE TOLL FREE AT 1-888-299-4041 OR 3) CONTACT YOUR BANKER.



## **Custom Business Checking**

01 2000049589140 036 130

0 37

**Electronic Delivery** 

## **Custom Business Checking**

4/01/2011 thru 4/29/2011

Account number

2000049589140

Account owner(s)

POLICE ATHLETIC LEAGUE OF HALLANDALE BCH

MAIN CHECKING

Account Summary

Other withdrawals and service fees Closing balance 4/29	5,392.72 - \$1,689.82
Checks	2,846.80
Charles	2.040.00
Deposits and other credits	6,393.00
Opening balance 4/01	\$3,536.34

#### **Deposits and Other Credits**

Total	\$6,393.00	
4/25	450 00	DEPOSIT
4/22	3,575.00	DEPOSIT
4/18	<b>50</b> 0.00	DEPOSIT
4/18	59.00	REFUND CROWN AWARDS INC 04/15 4828802846739 HAWTHORNE NY 9010V710710
4/18	25.00	DEPOSIT
4/14	499 00	DEPOSIT
4/14	150 00	DEPOSIT
4/08	565 00	DEPOSIT
4/08	290 00	DEPOSIT
4/04	280.00	DEPOSIT
Dale	Amount	Description
_		

#### Checks

Number	Amount	Date posted	Number	Amount	Date posted	Number	Amount	Date posted
1100	35.00	4/01	1103	75.00	4/15	Total	\$2,846.80	
1102*	236 80	4/13	1104	2,500.00	4/28			

<sup>\*</sup> Indicates a break in check number sequence



## Small Business High Performance Mm

01

2000049589409 036 130

0 37

**Electronic Delivery** 

Infinition Annual POLICE ATHLETIC LEAGUE OF HALLANDALE BCH MAIN SAVINGS CE 400 S FEDERAL HWY HALLANDALE BEAC FL 33009

## Small Business High Performance Mm

4/01/2011 thru 4/29/2011

Account number

2000049589409

Account owner(s)

POLICE ATHLETIC LEAGUE OF HALLANDALE BCH

MAIN SAVINGS

Account Summary

III SAMMAN	
Opening balance 4/01	<u>\$519.65</u>
Interest paid	0.01 +
Checks	270 00 -
Other withdrawals and service fees	20.00 -
Closing balance 4/29	\$229.66

#### **Deposits and Other Credits**

Date	Amount	Description

4/29 0.01 INTEREST FROM 04/01/2011 THROUGH 04/29/2011

Total \$0.01

#### Interest

Number of days this statement period 29
Annual percentage yield earned 0.04%
Interest earned this statement period \$0.01
Interest paid this statement period \$0.01
Interest paid this year \$0.39

#### Checks

<u>Nu</u> mber	Am <u>ount</u>	Date posted	<u>Number</u>	Amount	Date posted	Number	Amount	Dete posted
1008	270 00	4/12	Total	\$270.00				

#### Other Withdrawals and Service Fees

Date Amount Description
4/11 20.00 COMMERCIAL SERVICE CHARGES FOR MARCH 2011

Total \$20.00

#### Daily Balance Summary

<u>Dates</u>	Amount	<u>Dates</u>	Amount	Dates	Amount
4/11	499.65	4/12	229 65	4/29	229.66



## **Essential Business Checking**

01 2000049589412 036 130

0 37

**Electronic Delivery** 

## **Essential Business Checking**

4/01/2011 thru 4/29/2011

Account number

2000049589412

Account owner(s):

POLICE ATHLETIC LEAGUE OF HALLANDALE BCH

CONCESSION CHECKING

Account Summary

Opening balance 4/01	\$525 86
Deposits and other credits	774 00 +
Other withdrawals and service fees	788 90 -
Closing balance 4/29	\$510.96

#### **Deposits and Other Credits**

Total	\$774.00	
4/22	110.00	DEPOSIT
4/18	126.00	DEPOSIT
4/14	72 50	DEPOSIT
4/08	47.50	DEPOSIT
4/04	418.00	DEPOSIT
Date	Amount	Description

#### Other Withdrawals and Service Fees

Date	Amount	Description
4/11	201 92	PURCHASE BJ'S WHOLESALE C 4000 O 04/08 Hollywood FL 80111964293
4/14	20 00	WITHDRAWAL Wells Fargo Bank 04/14 HALLANDALE-FC HALLANDALE FL 8011S007381
4/15	40.74	PURCHASE BJ'S WHOLESALE C 4000 O 04/14 Hollywood FL 80111724644
4/15	284.82	PURCHASE BJ'S WHOLESALE C 4000 O 04/14 Hollywood FL 80111639205
4/18	15.89	PURCHASE POLLO TROPICAL #74 04/15 4828802846751 HALLANDALE FL 1023V222004
4/18	50 67	PURCHASE PARTY CITY 315 04/14 4828802846748 HOLLYWOOD FL 8011V254440

Other Withdrawals and Service Fees continued on next page.



### Hallandale Beach Police Department

400 S. Federal Hwy., Hallandale Beach, FL 33009 Phone: 954-457-1411 Fax: 954-457-1665



Dwayne S. Flournoy, Chief of Police

May 6, 2011

City of Hallandale Beach 400 South Federal Highway Hallandale Beach, FL 33009

To Whom It May Concern:

I am pleased to take this opportunity to endorse and support the Police Athletic League of Hallandale Beach, Inc. The Police Department fully supports fostering and encouraging our youths to achieve their full educational, social, physical, and leadership potential. Our goal is to develop a spirit of loyalty and commitment in our youths and to develop respect and responsibility toward their community and one another.

The Hallandale Beach Police Department is completely dedicated to the continuation of such a valuable program that is positively affecting and influencing the youths in our city.

Sincerely,

Dwayne Flournoy
Chief of Police

#### THE SCHOOL BOARD OF BROWARD OF STV FLORDS.

Services, Burker

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#### Dear Committee:

As a long time City of Hallandale Beach business owner I have supported the Police Athletic League through sponsorships and donations throughout the years as well as many other organizations within the City. As a parent of three small children I know the importance of keeping children busy and in a structured environment. I fully support this organization not only fiscally and by serving on its board as Vice-President, but more importantly, by placing my own children in their athletic programs.

I have seen firsthand that by not having an outlet for the youth in our community this leads our children down the wrong paths. Athletics play a large part in the development of our youth and I feel that PAL helps us serve those needs.

Sincerely.

Harry Escandon

Owner

AAAA Crosstown Towing

### Jonathan A. Carrillo 211 SW 7<sup>th</sup> Street Hallandale Beach, Florida 33009 (954) 456-0576

#### PROFILE

Extensive progressively responsible experience in the field of Parks and Recreation. Highly motivated ability in all areas of administrative duties, athletics, organization, and customer service.

#### **EDUCATION**

Hallandale High School, Hallandale Beach, Florida 1986

University of Florida, Gainesville, Florida 1986-1988

Broward College, Florida 2008-2010

#### RELATED EDUCATIONAL EXPERIENCE

2004, AYSO Youth Soccer Association Seminar 2004, Joe Robbie Stadium Ball Field Maintenance Seminar 2007 - Present, State of Florida Notary 2010 POP Warner Administrator Trainer Various Computer Program Courses

#### WORK EXPERIENCE

1991 – 2006 (Additionally, Summers of 1988 – 1990)

Recreation Leader / Athletic Coordinator/Area Coordinator

The City of Hallandale Beach, Parks and Recreation Department

2006 - Present

Police Athletic League Director
The City of Hallandale Beach, Police Department

- Various Administrative Duties including project budgeting, bidding, and tracking
- Event Scheduling including Teams, Officials, Use of Fields, and Maintenance
- Coordination and Scheduling of Sports Teams, Divisions, Games, and Tournaments
- Grant Proposals, Requisition Orders, Insurance Policies, and Field Rental
- Purchase of Uniforms, Equipment, Field Supplies, and Trophies

- All Aspects of Concession, including the Purchase and Supply of Equipment, Scheduling for Sporting and Special Events, Bookkeeping, and Supervision of Staff
- Create, Design, and Implement all Press Releases and Advertising In-House, including Brochures,
  Ilyers, Monthly Calendars, Displays, Posters, Bulletins, Manuals, Flowcharts; Uniform Screen
  Design, Team, Sponsor, and City Logos
- Monitor and Maintain City's Athletic Website
- Coordination and Supervision of Sporting and Special Events, including, but not limited to, the following:

Year Round Youth Baseball Program. Adult Basketball League, Adult Volleyball League, Youth Soccer Program, Youth Basketball Program, Youth Track and Field. Youth Bowling, Racquetball and Flag Football Tournaments, Tackle Football, Cheerleading, NFL Punt, Pass, and Kiek Competition, MLB Run, Hit and Throw Competition, Annual Outhouse Festival, Memorial and Veteran's Day Tributes, Martin Luther King, Jr. Day Festivities, Annual Easter Egg. Hunt, Various Sporting, Family Days", and Various Employee Events, Fundraisers including, Antique Shows, Comedy Shows, Texas Hold-em, 5K Races and Flea Markets.

#### 1993-1998

## Free-Lance Creative Director G.S.V. Advertising Inc., Hallandale Beach, Florida

 Project Conception and Design for Chents' Advertising and Marketing Needs in the United States and Canada

#### SPECIAL SKILLS & EQUIPMENT

- PageMaker, Corel Draw, Word, Word Perfect, Power Point and Graphs, Excel, Sports Scheduler, Multimedia, AS 400
- Computer Scanner, Poster Maker, Digital Camera
- Toro Cushman Vehicle, field Tiller, Tractor

#### OFFICES, POSITIONS, & SPECIAL AWARDS

- Region 2 Director, State of Florida PAL
- Vice President, Greater Hollywood Soccer League
- Regional Commissioner, FYSA Soccer League
- Commissioner, Greater Miami POP Warner Football League
- City Commissioner, Baseball & Softball Hallandale Beach
- Certified Umpire
- 2008 Civilian of the Year, Hallandale Beach Police Department
- 2007 Supervisor of the Year, City of Hallandale Beach
- 1999, Assistant Coach, Hallandale High School Baseball Team
- 2000, Head Chach, Hallandale High School Baseball Team
- 1994 City of Hallandale Beach Employee of the Year
- 1994, 110% Employee of the Year, Hallandale Parks & Recreation Department
- 1994 Present, Various Coaching and Commissioner Awards

## RICKY S. BUONI

5531 S.W. 94 Avenue Cooper City, FL 33328 Cell: (954) 624-2336 Of fice: (954) 457-1644 rbuoni@cohb.org

#### **EXPERIENCE**

January 2009 to Present

Police Sergeant, Community Involvement Unit City of Hallandale Beach Police Department Hallandale Beach, FL

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July 21, 2007 to January 2009 Police Sergeant, Uniformed Road Patrol City of Hallandale Beach Police Department Hallandale Beach, FL

- Exercises supervision over police officers and assigned civilian personnel regarding work performance and goals, efficiency, good conduct, discipline and appearance on an assigned shift;
- Evaluates employees and recommends disciplinary action;
- Inspects police officers at roll call and issues regular and special assignments;
- Prepares work schedules allowing for vacations, holidays, and sick leave:
- Investigates complaints against officers;
- Inspects reports prepared by police officers and civilian employees;
- Establish work loads for personnel;
- Directs, counsels and coordinates subordinate personnel during tour of duty and or job related activities;
- Coordinates and assists in the investigation of various criminal cases:
- Prepares daily and monthly reports;
- Conducts inspections of all sections and units within the division relating to proper practices and to the areas of procedure, personnel, material resources and facilities;
- Conducts studies to identify and correct criminal activity in the city by analyzing criminal activity within a geographic area and assigning personnel where needed to abate crime patterns.

January 2006

Detective - Crimes against property

to July 2007

## Hallandale Beach Police Department Hallandale Beach, FL

- Reviewed original reports and supplemental reports on assigned cases to ensure content and accuracy.
- Responsible for conducting follow-up investigation on assigned cases.
- Created and maintained an investigative case file.
- Recommended final case disposition.
- See cases through final disposition and liaison with the State Attorney's Office to assist with prosecution.
- Established crime patterns, identified specific methods of operation, and tracked traceable evidence through computer aided tools (PawnTrak).
- Conducted investigative interviews of victim(s), witness(es) and suspect(s)

February 2004 to January 2006

Police Officer, Uniformed Road Patrol Hallandale Beach Police Department Hallandale Beach, FL

- Worked on rotating shifts performing directed patrols, traffic control, traffic crash investigation, detection, investigation and arrest of persons involved in crimes or misconduct, and may render first aid;
- Carried out duties in conformance with Federal, State, County, and City laws and ordinances;
- Patrolled City streets, parks, commercial and residential areas to preserve the peace and enforce the law, controlled vehicular traffic prevent or detected and investigated misconduct involving misdemeanors, felomes and other law violations;
- Responded to emergency calls for service and investigated accidents, robberies, civil disturbances, domestic disturbances, fights, drunkenness, missing children, prowlers, abuse of drugs, etc. Took appropriate law enforcement action;
- Investigated and rendered assistance at scene of vehicular accidents. Summoned ambulances and other law enforcement vehicles;
- Conducted follow-up investigations of crimes committed during assigned shift. Sought out and questioned victim, witnesses and suspects. Developed leads and tips. Analyzed and evaluated evidence and arrested offenders. Prepared cases and testified in court proceedings;
- Prepared a variety of investigative reports and records including officer's daily log, field interrogation report, alcohol reports, vehicle impoundment form, traffic crash report, etc.;

- Maintained contact with police supervisory personnel to coordinate investigative activities, provided mutual assistance during emergency situations and provided general information about Department activities;
- Conducted routine preventative patrol in designated areas of the City;
- Patrolled residential/business areas for detection of violators;
- Initiated contacts with both business operators and residents and maintained open lines of communication within the community;
- Provided information and or assistance to the public;
- Answered a wide range of non-police related service calls:
- Informed citizens of available services in the community
- Provided referrals to other city, county, and state agencies
- Maintained the peace and safety of the community including quelling public disturbances and maintaining civil obedience at group functions;
- Provided for the safe and convenient flow of traffic and pedestrians within the community;
- Made a wide range of felony and misdemeanor arrests, issued Notices to Appear and traffic citations;
- Prepared reports in computer and other documents as required;
- Completed standardized departmental forms relating to crimes and occurrences.
- Prepared narrative reports of incidents;
- Prepared basic and detailed reports pertaining to departmental business in required departmental format.

#### March 2002 to February 2004

Police Officer, Uniformed Road Patrol Golden Beach Police Department Golden Beach, FL

- Conducted Internal affairs investigations:
- Accountable for Property Control Unit:
- Responsible for recruiting new police officers, conducted oral board interviews and background checks for civilian and noncivilian positions.

#### March 1997 to August 2001

Police Officer, Uniformed Patrol Division Plantation Police Department Plantation, FL

 Worked on rotating shifts performing directed patrols, traffic control, traffic crash investigation, detection, investigation and

- arrest persons involved in crimes or misconduct, and may render first aid:
- Carried out duties in conformance with Federal, State, County, and City laws and ordinances;
- Patrols City streets, parks, commercial and residential areas to preserve the peace and enforce the law, control vehicular traffic prevented or detected and investigated misconduct involving misdemeanors, felonies and other law violations;
- Responded to emergency calls for service and investigates accidents, robberies, civil disturbances, domestic disturbances, fights, drunkenness, missing children, prowlers, abuse of drugs, etc. Took appropriate law enforcement action;
- Prepared a variety of investigative reports and records including officer's daily log, field interrogation report, alcohol reports, vehicle impoundment form, traffic crash report, etc;
- Maintained contact with police supervisory personnel to coordinate investigation activities, provide mutual assistance during emergency situations and provides general information about Department activities;
- Completed standardized departmental forms relating to crimes and occurrences;
- Prepared narrative reports of incidents.

#### **EDUCATION**

2009 to 2008	Master of Science in Leadership NovaSoutheastern University, Davie, FL	
2003 to 2007	Bachelor of Science, Finance Florida International University, Miami, FL	
1988 to 1992	High School Diploma Miramar High School, Miramar, FL	
	SPECIALITY UNITS	
April 2009 to present	Rangemaster Hallandale Beach Police Department	
March 2005 to Sept 2010	Specials Weapons and Tactics Team (SWAT) Hallandale Beach Police Department	

#### ADVANCED TRAINING

September 2009 CMS Firearms Instructor

August 2009 Florida General Instructor Techniques Course

July 2008 Southern Police Institute, 55<sup>th</sup> Session

Command Officer Development Course

November 2007 Emotional Survival for Law Enforcement

October 2007 Generational Differences & Problem Employees

April 2007 How to Supervise People

March 2007 Criminal Law

February 2007 Case Preparation & Court Presentation

November 2006 Investigative Interviews

May 2006 Search & Seizure Seminar

March 2006 Vehicle Identification Officer Course

October 2005 Injury and Death Investigation Course

March 2005 Special Weapons and Tactics

February 2005 Field Training Officer

October 2004 Introduction to Community Policing

March 2003 Homicide Investigations

December 2002 Computer Application for Law Enforcement

February 2001 Intoxilyzer Model 5000 Refresher

September 1997 Certificate of Compliance Law Enforcement Officers 804 hours

Academy Class # 183

#### **AWARDS**

- Hallandale Beach Police Department
  - o Good conduct award 2009
  - © Perfect attendance award 2009
  - o Life saving award 2006
  - o Meritorious service award 2004 and 2005
  - Officer of the Quarter 2005
  - o Hurricane award 2005

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## CITY OF HALLANDALE BEACH FY 2012 COMMUNITY BASED ORGANIZATIONS GRANT FUNDING

## GRANT APPLICATION COVER PAGE

Organization Name Community AIDS Resource, Inc., dba Care Resource
Mailing Address 3510 Biscayne Blvd., Suite 300
City/State/Zip Code Miami, FL 33137
Phone 305-576-1234 Fax 305-571-2020 E-mail fpardo@careresource org
Name of Contact Person Freddy Pardo Title Director of Human Resources
Organization Information
Is the organization incorporated? Yes 🖰 No 🗆 FEIN# 59-2564198
Does the organization have 501c(3) Tax Exemption Status? Yes ☒ No ☐
If no,have you applied? Yes □ No □ If yes, provide a copy with your application.
If no, provide the name of the Fiscal Sponsor Does the organization have a Board of Directors? Yes ☒ No ☐
Total # of Board Members # of Staff 112 # of Volunteers 374
Does your organization carry Liability Insurance? Yes ⊠ No □ Amount 1,000,000
Proposal Information
Program/Project Name HIV Testing and Outreach
Priority Area Addressed Age group 13&above# to be served 832
\$9,891,508 Annual Budget \$ Amount of Request \$ 49,016 Total Project Cost \$ 49,016
Source of Current Funding See attached
Has your organization received funding from the City before? Yes □ No ☒
If yes, Amount Funded \$ Year # of Residents Served
Have you attended the city's Capacity Building Workshops conducted by Mr. Non Profit?  Yes □ No ☒
Give a brief summary of the Previous Project Funded
Authorized Signature of Organization Representative

## CITY OF HALLANDALE BEACH FY 2012 COMMUNITY BASED ORGANIZATIONS GRANT FUNDING

#### **GRANT APPLICATION**

#### APPLICATION CHECKLIST

Please initial below as confirmation that each of the required documents has been submitted with the Application for review.

	COVER PAGE
	APPLICATION CHECKLIST
	Copy of Organization Non-Profit Status Letter from IRS
	List of Board Members, Director/Agency Head, Titles and Addresses
	Evidence of Incorporation for State of Florida (www.sunbiz.org)
	Evidence of Financial Soundness (990 form) or documentation from a Financial Institution showing three (3) months of operating expenses
	Letters of Support for the project (limit to three (3))
Au	Memorandum of Understanding/s if partnering with any organization/s
	Key Staff Resumes
	Copy of the organization's Certificate of Insurance and/or a Letter of Indemnity (holding the City of Hallandale Beach harmless)

#### 1. ORGANIZATION BACKGROUND INFORMATION

Give an overview of the Agency Mission, history and current programs/services.

Mission: Through education, prevention, research, care and treatment and support services, Care Resource improves upon the health and overall quality of life of our diverse South Florida communities in need.

Community AIDS Resource, Inc., dba/ Care Resource is a 501(c)(3) non-profit, multi-cultural, community based AIDS Service Organization. The agency is dedicated to providing culturally appropriate counseling, support services, primary medical care, clinical trials, information and referrals, community outreach and education to men, women and youth in response to HIV/AIDS in diverse communities of Miami-Dade and Broward Counties. Through its work, Care Resource assists and empowers those affected by HIV/AIDS and, at the same time, works to end the pandemic with programs aimed at reducing the spread of HIV/AIDS and expediting improved treatments.

Today, clients have access at a "one-stop" location to primary medical care, clinical trials and research studies, information and referrals, case management, mental health and substance abuse counseling, temporary assistance to needy families (TANF), transportation vouchers and counseling and testing. Furthermore, the agency's many prevention and education programs go out into the community and engage populations at high risk, affected and/or infected by HIV/AIDS, by disseminating prevention information and connecting those in need to the healthcare system. Prevention programs target youth, men who have sex with men, the incarcerated, African American, Haitian, and Hispanic men and women believed to be HIV positive or at risk of contracting the virus.

Care Resource has demonstrated excellence in the field of HIV/AIDS as it works to fulfill its mission and have a positive impact on Broward and Miami-Dade communities. Our work in the community has earned us the confidence of our clients and funding sources at local, state and federal levels. The agency currently has over 3,000 unduplicated clients and conducts more than 9,000 HIV tests annually. Fundraising activities and hundreds of invaluable volunteers help raise awareness, bring hope and build a sense of community.

Recognizing the need for quality medical care for our clients' partners and families, as well as others in the community, the Board of Directors of Care Resource made the decision to expand services beyond a diagnosis of HIV/AIDS to provide primary medical services to encompass children, youth, families and seniors with a focus on our lesbian, gay, bi-sexual and transgender (LGBT) community. The Care Resource facility in Ft. Lauderdale has been awarded the designation of a Federally Qualified Health Center (FQHC) and both facilities are now providing comprehensive health and support services to address the full health care needs of our pediatric, adolescent and adult populations. Services include well child services, gynecological care, general adult primary care, oral health, HIV primary care, research, diagnostic laboratory and X-ray, screenings, immunizations, voluntary family planning and referrals to obstetrical and other specialty care services. Support services include case management, mental health and substance abuse counseling, HIV testing, outreach, nutrition and referrals to WIC. As a leader in providing HIV/AIDS disease management control for over 26 years, Care Resource is uniquely positioned to assist our patients in long-term disease management.

#### 2. DESCRIPTION OF PROGRAM/PROJECT

#### Give a general overview of the Program/Project.

This project will serve as an expansion of the current HIV prevention programming Care Resource is already implementing in the City of Hallandale Beach. This project will have two components: outreach and HIV counseling, testing and referral (HIV CTR) services. Outreach will be conducted within different Hallandale zip codes identified as high risk for HIV/STD by the Broward County Prevention plan. Information about HIV, other sexually-transmitted infections (STD) and substance abuse will be provided to area residents. The goal is to bring awareness about HIV/STD and substance abuse in these areas and equip residents with the needed information to prevent the transmission or acquisition of HIV/STD. Provision of HIV CTR: Area residents accessing outreach can then have the opportunity to get tested for the HIV virus through our mobile unit. The ultimate goal is for area residents to be aware of their HIV status in less than 20 minutes and, if identified as HIV positive, access HIV primary care and treatment through referrals.

#### Provide a description of the Issue or Need for your Program/Project

The Broward County Health Department's Epidemiological Profile reports a 2008 HIV rate of 79 per 100,000 population, a dramatic increase from the 2007 rate of 45.7 while the State rate is 37.8. The Broward County HIV/AIDS Surveillance Report through October 31, 2010, reports cumulative HIV/AIDS cases of 27,408. Blacks account for 49.8% of these cases, whites 35% and Hispanics 13.2%. In Broward County, blacks compose 23% of the population but 49.8% of HIV/AIDS cumulative cases. Census Tract 1004 in Hallandale Beach is comprised of 74% Black/African Americans.

In Florida for 2009, the HIV case rate among adult black men was 7 times higher than that for white men and 20 times higher for adult black women than that among white women. One in 43 black men (age 13+) and one in 64 black women were living with HIV/AIDS in 2008; compared to one in 208 white men and one in 1,153 white women. Of the living HIV/AIDS cases among blacks through 2009, 77% were U.S. born, 15% Haitian born and 2% Jamaican born. For 16 consecutive years, HIV has been the leading cause of death for both black men and women between the ages 25-44 in Florida. Although in 2008, HIV was still the leading cause of death for black women, HIV is now down to the third leading cause of death for black men in this age group. The CDC reports that estimates confirm that blacks are more severely and disproportionately affected by HIV than any other racial/ethnic group in the United States. Although race itself is not a risk factor for HIV infection, a range of issues contribute to the disproportionate HIV risk for blacks in the United States, including poverty, stigma, higher rates of other STDs and drug use.<sup>2</sup>

In 2009, the HIV case rate among adult Hispanic men was two times higher than that for white men in Florida and five times higher for adult Hispanic women than among white women. <sup>3</sup> Factors that place Latinos at high risk include lack of awareness about the risks of HIV infection, cultural and socioeconomic factors such as poverty and language barriers and concerns about immigration status.<sup>4</sup>

<sup>&</sup>lt;sup>1</sup> Florida Department of Health Fact Sheet: HIV/AIDS among blacks (Florida 2009)

<sup>&</sup>lt;sup>2</sup> CDC HIV/AIDS Facts: Estimates of new HIV infections in the United States (August 2008)

<sup>&</sup>lt;sup>1</sup> Florida Department of Health Fact Sheet HIV'AIDS among Hispanics (Florida 2009)

<sup>&</sup>lt;sup>4</sup> Estimated Lifetime risk for diagnosis of HIV infection among Hispanics/Latinos - 37 States and Puerto Rico, 2007 (www.cdc.gov/mmwr)

Men who have sex with men (MSM) of all races are most severely affected by HIV, accounting for a significantly greater proportion of estimated new infections in 2006 than any other risk group. Many factors contribute to the high risk of HIV among MSM, including the challenge of maintaining safer-sex behaviors, the assumption that one is HIV-negative, underestimates of personal risk factors and stigma, which may prevent access to needed services and may lead to substance abuse and depression. How will your services address the City's Priority Area selected?

This program addresses the City's Priority Area 4 – Health and Wellness. The CDC estimates that one-quarter of HIV-infected people are unaware of their HIV infection and that these persons account for more than half of all new infections. Knowing one's HIV status is the first step in the prevention of transmitting HIV disease and for those testing positive provides access to care and treatment. This program will provide information, education and counseling on HIV and risk factors and provide knowledge of one's HIV status, helping to reduce the number of HIV infections.

#### Who will be served and number to be served

HIV testing will be offered to all who request it. We expect to do outreach to over 1,500 people, providing information on HIV/STDs and substance abuse. Through this program we will provide testing for 832 individuals. One hundred percent (100%) of individuals who test positive will be referred for care and treatment.

#### Number of Hallandale Beach residents that you will serve

Outreach to 1,500 Hallandale Beach residents with HIV testing to 832 residents.

#### How will your services benefit participants

Participants will receive information and educational materials on HIV/STDs and substance abuse and be advised of their risk factors for HIV/AIDS. Individuals who wish to know their HIV status will receive free testing. Persons who test positive for HIV will be referred to care and treatment.

#### Will there be a Fee for services

There is no fee to participants; HIV testing is free.

#### Will you provide scholarships or waiver?

Not Applicable

#### How will the community benefit

The community benefits through the prevention efforts to educate and counsel individuals on their risk factors for HIV and STDs and from getting HIV positive individuals into care. Since the CDC estimates that one-quarter of HIV-infected people are unaware of their HIV infection and that these persons account for more than half of all new infections, providing this knowledge to residents of Hallandale Beach will help prevent new infections.

#### Other agencies or organizations involved in the project

There are no other agencies or organizations involved in this project, however Care Resource has Memorandums of Agreement with all local Ryan White providers as well as local agencies in South Florida providing services to low-income individuals to work together to provide referrals for services not available at Care Resource. Care Resource also partners with local churches, schools and universities for sites that our mobile unit can provide services.

<sup>&</sup>lt;sup>5</sup> CDC HIV/AIDS Facts, August 2008

#### 3. METHOD OR STRATEGY FOR IMPLEMENTATION

#### Describe the specific activities to achieve Goals and Objectives.

Activities will be of two types: 1) provision of information about HIV/AIDS, Sexually Transmitted Diseases (STDs) and substance abuse through outreach and 2) HIV counseling, testing and referral to area residents. Testing is conducted on Care Resource's mobile unit, equipped for confidential testing. Each outreach encounter will last about 3-5 minutes and clients will be given a brochure about HIV/STDs and substance abuse and encouraged to practice safer sex. Condoms will be distributed to everyone. Clients will also get information about where they can access primary care regardless of the ability to pay. HIV counseling and testing will be provided to anyone who wants to get tested. The program will use the Oraquick test, which allows someone to know his/her result in twenty minutes. If the Oraquick test is reactive, an Orasure test will then be done for confirmation. Confirmation results with the Orasure test takes two weeks; those receiving the Orasure test will be scheduled for an appointment in two weeks at the Care Resource office. At this appointment, clients will get further preventive counseling on HIV/STDs. If testing positive for HIV, clients will be scheduled for a care and treatment services at Care Resource or if the client prefers to go somewhere other than Care Resource, they will be referred to HIV primary care and treatment through another agency.

#### Who will be responsible for the overall project?

The agency's Health Promotion and Prevention Manager will be responsible for the overall project.

#### What staff will be involved?

Two part-time Testing and Treatment Access Counselors will be involved in the implementation of the project doing the outreach and testing. One supervisor will oversee this project.

#### Include potential partners or collaborations

Care Resource will try to partner with some of the churches and businesses in the community whereby our mobile unit can station to provide services.

#### What is the time frame for implementing the project?

Implementation of this program will begin upon receipt of grant award.

#### Provide the locations of where you will provide services.

Hepburn Center located at 750 NW 8<sup>th</sup> Ave, Hallandale Beach, FL 33009 and other sites as identified during the course of the project.

#### Days and hours of operations.

Services will be provided 2 days a week from 10:00 AM to 4:00 PM. Additionally, the program will take part in health fairs and outreach events in the Hallandale area with sufficient prior notice.

#### 4. EVALUATION

#### How will you address the issues/s, make improvements or achieve success?

It is standard agency procedure for the Program Director to monitor all program activities and take appropriate action to improve the delivery of the program. Additionally the agency Management Team and Quality Assurance Committee provide support in that effort. The Management Team is composed of the Executive Director and 6 Directors who meet twice monthly to review quantitative and qualitative program reports, make recommendations and provide assistance for program improvement when applicable. The agency has a fully staffed Evaluation Department, overseen by the Director of Information, Evaluation and Quality Assurance who chairs the Quality Assurance Committee. The QA Committee is composed of managers and staff from different disciplines within the agency and meets once a month to review qualitative and quantitative program reports, establish policy standards and make recommendations for program improvement. The above steps are taken as part of the agency's Quality Assurance /Continuous Improvement Plan. The overall purpose of the plan is to continuously and consistently (1) establish program performance and compliance standards; (2) evaluate and assess program efficiency, effectiveness and compliance; (3) identify program inefficiencies, ineffectiveness and non - compliance processes and proposes and implements corrective actions and (4) identify program performance that meets or exceeds established standards and reinforces exemplary performance.

## What methods will you utilize to measure success or benefits (i.e. attendance, surveys, pre-post test, etc)?

This program will be evaluated based on the number of individuals receiving counseling and testing, using pre-post test results and the number of individuals testing positive for HIV that are linked to care. Goals are measured by 1) logs that record individuals that receive counseling and testing, identifying each person with a unique client identifier for confidentiality reasons, 2) logs that record the pre and post-test scores of those receiving counseling and testing and 3) logs that record individuals that have tested positive (using unique client identifier for confidentiality) and have been linked to medical care either at Care Resource or a provider of their choice. Results are entered into the agency's client database, Casewatch Millenium, which is capable of generating reports by program.

#### How often will you evaluate your services?

Programs are discussed at the Quality Improvement and Quality Assurance Committee each month.

#### 5. SUSTAINABILITY

#### If you receive 50% of the amount requested how will you operate services?

If only receiving 50% of the requested amount, the deliverables would have to be reduced as well as the number of days the program operates.

#### If you do not receive funding, will you still operate services?

Operation of services without funding would be dependent on locating another source of funding to cover the program expenses.

#### What other Funding Sources have you submitted requests for this program/project?

The testing program for Hallandale Beach has not been submitted to any other funding sources.

#### Have you been funded or received a commitment letter?

No.

#### What is your organization's Sustainability Plan for the next three years?

Care Resource has a five year Strategic Plan which addresses all aspects of the agency. The Board of Directors has established a process for regular review of the plan and related activities and funding. Care Resource has a successful history in the agency's ability to leverage and maximize funding streams. Diversification of funding sources is addressed at all levels of the agency beginning with the Board of Directors and their commitment to fund a full-time Grants & Contracts Manager. This manager is responsible for researching and identifying alternative funding streams through private foundations and governmental entities, coordinating internal grant writing efforts and ensuring compliance with grant provisions. In addition, the agency has a full time Development Department and a full schedule of fundraisers throughout the year.

## CITY OF HALLANDALE BEACH FY 2012 COMMUNITY BASED ORGANIZATIONS GRANT FUNDING

#### **GRANT APPLICATION**

PROPOSED PROJECT NAME:						
ITEM_	GRANT REQUEST	OTHER GRANT FUNDS	INKIND	JUSTIFICATION		
Personnel Cost	31,895	<u> </u>		See attached		
Consultants						
Supplies	8,112			See attached		
Equipment*		_				
Travel						
Facility Rental/Fees			ļ +			
Marketing						
Printing						
Other See attached				See attached		
(specify)	9,009					
TOTALS	49,016			TOTAL BUDGET: 49,016		
* Equipment p	ourchased over	\$500 may become	the property	of the City of Hallandale Beach.		
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5-3-11

Director of Finance & Agency Development

Signature of Authorized Representative

#### Care Resource Budget Justification

#### Personnel Cost (\$31,895):

Personnel Cost (\$31,895):				
2 Part-time Treatment & Access Counselors @ \$14.25 hr X 1664 hours (2 counselors working 16 hours per week each x 52 weeks)	23,712.			
1 Supervisor @ \$22 hour x 166.4 hours = 10% of time	3,661.			
Benefits @ 14.5% of Treatment & Access Counselors	3,438.			
Benefits @ 29.6% of Supervisor	1,084.			
Supplies (\$8,112):				
832 Testing Kits @ \$9.75	8,112.			
Other: (\$9,009):				
Mobile Testing Unit – Average Operating Cost/Business Day - \$55.96 (Includes insurance, registrat maintenance and gas) Used by Project – 104 days	ion, 5,820.			
Overhead - Includes allocated agency overhead for internal service departments including Finance, Information Services, Human Resources, Executive Office and support services. Also included are allocated equipment rental (copying) and general office supplies.	3,189.			

### **ATTACHMENTS**

- a. Copy of Organization Non-Profit Status Letter from IRS
- b. List of Board Members, Director/Agency Head, Titles and Addresses
- c. Evidence of Incorporation for State of Florida (www.sunbiz.org)
- d. Evidence of Financial Soundness 990 Form
- e. Three (3) Letters of Support for the project
  - 1. Paula M. Thaqi, M.D., MPH, Director, Broward County Health Department
  - 2. Marian McCann-Colliee, Director, Human Services Department, City of Hallandale Beach
  - 3. Linda Bracy, Community Empowerment Team, City of Opa-locka
- f. Not Applicable (Memorandum of Understanding)
- g. Key Staff Resumes
  - 1. Freddy Pardo, Director of Human Resources
  - 2. Tashara Taylor, Senior Health Educator
- h. Certificate of Insurance and Letter of Indemnity

### Internal Revenue Service

Date: August 20, 2007

COMMUNITY AIDS RESOURCE INC 3510 BISCAYNE BLVD STE 300 MIAMI FL 33137-3840 990 Department of the Treasury P. O. Box 2508 Cincinnati, OH 45201

Person to Contact:

Laura A. Botkin 17-57017 Customer Service Specialist Toll Free Telephone Number:

877-829-5500

Federal Identification Number:

59-2564198

### Dear Sir or Madam:

This is in response to your request of August 20, 2007, regarding your organization's tax-exempt status.

In September 1985 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under section 509(a)(2) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Michele M. Sulliva

Michele M. Sullivan, Oper. Mgr. Accounts Management Operations 1



Your One Source

## **Board of Directors 2010-2011**

Name	Address	Position on Board	Tenure	Employment	Race/ Ethnicity , Gender
Ana Garcia 130 NE 133 Street Miami, FL 33161 (305) 243-2758 (305) 685-2844 agarcia2@med.miami.edu		Member	4 Years Term exp.6/10	Professor	H-F
Russell Corbett	1780 NE 137 <sup>th</sup> Terrace North Miami, FL 33181-1312 (305) 332-5726—mobile fernhall@bellsouth.net	Treasurer	26 Years term exp. 6/10 Officer term expires 06/10	Postal Employee	W - M
Daniel Falcon	915 NW 1 <sup>st</sup> Ave., H1005 Míami, FL 33136 305-582-4842 DanFalcon1@aol.com	Secretary	4 Years Term exp. 6/10 Officer term expires 06/10	Senior Programmer Analyst, University of Miami	H – M
Jaime Franco	2101 Brickell Ave, Unit 611 Miami, FL 33129 (954) 683-2384, mobile jaime m franco@yahoo.com	Member	3 Years Term exp 6/11	FedEx Express Latin America & Caribbean - Finance Training and Development	H- M
Dorothy Holmes Ph.D.	10430 SW 183 <sup>rd</sup> Street Miami, FL 33157 (305) 252-6573 (305) 582-1739 - cell drdholmes@aol.com	President Chair	9 Years term exp. 6/10 Officer term expires 06/10	Psychologist	B - F
Georgia McLean	11911 SW 79 <sup>th</sup> Terrace Miami, FL 33183 (305) 595-3408 (305) 674-2630—work gruth96@aol com gmclean@msmc.com	Member	6 Years term exp. 6/11	Director of Human Resources, Mt. Sinai Medical Center	B - F
Judy Newell	2440 B Roosevelt Street Hollywood, FL 33020 (954) 925-1025 (305) 641-7391—pager (305) 682-7390—work July.Newell@hcahealthcare.c	Member	6 Years term exp. 6/11	Employee Communications Coordinator Aventura Medical Center	W - F
David Paul	1165 98 <sup>th</sup> Street #203 Bay Harbor Islands, FL 33154 (305) 237-4048 (305) 237-4441 dpaul@mdcc.edu	Vice President Vice Chair	7 Years term exp. 6/11 Officer term expires 6/11	Interim Dean—MDCC Medical Campus	W - M

Daniel Sera	94 NE 93 <sup>rd</sup> Street, Miami, FL 33138 (305) 772-6770 dsera@camival.com	Member	4 Years Term exp. 06/11	Online Interactive Manager, Carnival Cruise Lines	H-M
Sonja Smith	3215 Coco Plum Circle Coconut Creek, FL 33063 954-709-7333 Sonjasmith83@yahoo.com	Member	1 year Term exp 6/10	Senior Sales Executive, Fleetcor Technologies	B- F
George Castrataro	800 NE 26 <sup>th</sup> Street Wilton Manors, FL 33305 (954) 756-4720 – cell (954) 573-1444 – work george@lawgc.com	Member	1 year Term exp 06/10	Attorney, Law Offices of George Castrataro	H - M
Anthony Hernandez	1320 SW 21 <sup>st</sup> Terrace Miami, FL 33145 305-331-4883 <u>Hernandez28388@bellsouth.</u> net	Member	1 year Term exp. 06/10	Human Resources Director J.C.S. Masada Home Care, Inc	H - M
Angel Perez	267 SW 14 <sup>th</sup> Street, Daлia Beach, FL 33004. <u>718/207-6</u> 067 cell 305/237-0289 work <u>mraperez@live.com</u>	Member	3 months term exp 6/11	Employee Relations Officer Division of Human Resources Miami Dade College	H - M

Chief Executive Officer - Rick Scilari, MBA

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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Events Name History Submit

### **Detail by Entity Name**

### Florida Non Profit Corporation

COMMUNITY AIDS RESOURCE, INC.

### Filing Information

 Document Number
 770747

 FEI/EIN Number
 592564198

 Date Filed
 10/14/1983

 State
 FL

 Status
 ACTIVE

Last Event CORPORATE MERGER NAME CHANGE

Event Date Filed 07/01/1998 Event Effective Date NONE

### Principal Address

3510 BISCAYNE BLVD. SUITE 300 MIAM! FL 33137 US

Changed 08/26/2003

### Mailing Address

3510 BISCAYNE BLVD SUITE 300 MIAMI FL 33137 US

Changed 02/21/2008

### Registered Agent Name & Address

BLUM, SAMUEL, ESQ 2951 S BAYSHORE DR. #811 MIAMI FL 33133 US

Name Changed: 04/21/1986 Address Changed: 04/21/1986

### Officer/Director Detail

### Name & Address

Title TD

CORBETT, RUSSELL 1780 N.E. 137 TERRACE NORTH MIAMI FL 33181

Title PD

HOLMES, DOROTHY PH.D 10430 SW 183RD ST MIAMI FL 33157

Title VD

PAUL, DAVID 1165 98TH ST #203

BAY HARBOR ISLANDS FL 33154

Title MD

SICLARI, RICHARD JR

3510 BISCAYNE BLVD., SUITE 300 MIAMI FL 33137 US

Title S

FALCON, DAN 915 NW 1 AVE #H1005 MIAMI FL 33136 US

### **Annual Reports**

### Report Year Filed Date

2009

01/14/2009

2010

01/05/2010

2011

01/04/2011

### **Document Images**

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### rem 8879-EO

# IRS e-file Signature Authorization for an Exempt Organization

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r calendar year 2009, or fiscall year beginning	JUL	1	2009, and ending	<u>JUN</u>	30	20 1 0

OMB No 1545-1878

	For calendar year 2009	), our fiscally ear the	ginning JUL_	1 , 2009, and er	iding <u>JUN</u> 30	20 10	2009
Oepartment of the Treasury		► Do no	at send to the If	98. Keep for you	records.		2005
Mana of systems of systems			► See in	structions.		<del></del>	
Name of exempt organization						Employerid	lentification number
	CONDENTER		224011242	7320		FA 35	·
	COMMUNITY	AIDS	RESOURCE	, INC.		<u> </u>	64198
name and time of onice;	ממצעמים מ						
Part   Type of I				Dallaca Carlos			
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on line 1a, 2a, 3a, 4a, or 5, 4b, or 5b, whichever is app	a, below, and the au dicable, blank (do n	mount on tha	it line for the retu	irn for which you	are filing this form wa	s blank, then	leavé line 16, 26, 36,
1a Form 990 check here	▶X b To	stal revenue.	if any (Form 990	), Part VIII, columi	n (A), line 12)	16	8686628
3a Form 1120-POL chec						_	
4a Form 990-PF check he	ere ▶ 🗀 b	Tax based	on investment			44	
5a Form 8868 check here	• ▶ 🔲 b Ba	alance Due (i	Form 8868, line :	3c)		5b	
Part II Declarat	ion and Signat	ure Autho	rization of C	Officer			
organization's federal taxe: the U.S. Treasury Financia institutions involved in the issues related to the paym	s owed on this retuil Agent at 1 888-35 processing of the eart. I have selected	rn, and the fa 3-4537 no lat electronic pay dia personal i	nancial institutio er than 2 busine yment of taxes to dentification nur	n to debit the enti ess days prior to the preceive confiden	ry to this account, To ne payment (settleme tral information neces	revoke a pay nt) date. I also sary to answ	ment, I must contact o authorize the financial or inquines and resolve
Officer's PIN: check one l	box only						
[V] Loubour CH	משפם שפשת	י בהסעה ני	THE TAND	T.T.D		to outer mu	PIN 22511
(A) l'authorize CII.	PKKI' DEKY	MINT &				to enter my	Enter five numbers, bu
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3a Form 1120-POL check here b b Total tax (Form 1120-POL, line 22)	ilhonze the a	forementioned EAO to					
indicated within	this return that a co	opy of Helres	onya being filed	l with a state ager	ncy(ies) regulating cha	anties as part	y filed return, If I have of the IRS Fed/State
Officer's signature 🕨		1/1/			Date > 02	<u>/25/11</u>	<del></del>
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Part III   Certifica	tion and Autho	Attication	<u>/</u>				
ERO's EFIN/PIN. Enter ya	ur six-digit EFIN foll	lowed by you	ır five-digit self-s	elected PIN.			
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ERO's signature 🕨		<b>E</b>	) c	PB-	Date ▶ <u>02</u>	<u>/</u> 25/11	
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LHA For Paperwork Reduction Act Notice, see instructions. 923051 03-02-10

Form 8879-EO (2009)

### Form **990**

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A	For the	e 2009 calendar year, or tax year beginning JUL 1, 2009 and ending	JUN 30, 2010	
	applicable	IB IIBE IAS	D Employer identifi	cation number
Γ.	Addres	COMMUNITY AIDS RESOURCE, INC.		
	Name change	tune	59-2	564198
	Initial return		suite E l'elephone numbe	er
			305-	576-1234
	Amena	and	G Gross receipts \$	
	tiòn	MIAMI' LT 2212/	H(a) Is this a group r	eturn
	pendir	F Name and address of principal officer:RICHARD SICLARI	for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates inc	cluded? Yes No
1	TAXIDX	empt status: X 501(c) ( 3 ) ◀ (insert no.) 4947(a)(1) or 527		list. (see instructions)
K	Form of	organization; X Corporation	Year of formation: 1984	vi State of legal domicile: FL
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90				
ē			more than 25% of its net a	1
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AC				
-	ь	Net unrelated business taxable income from Form 990-1, line 34	7-17/10/1- 17	
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ě	"b.			
Щ	17		2,232,729	2,474,287,
		• • • • • • • • • • • • • • • • • • • •		
	19			
5 8				End of Year
윉	20	Total assets (Part X, line 16)	6,561,008.	7,349,910.
\$\frac{1}{2}\$	21	Total liabilities (Part X, line 26)	3,652,962.	3,768,166.
35	22	Net assets or fund balances. Subtract line 21 from line 20	2,908,046.	3,581,744.
P	art II	Signature Block		
		Under penalties of perguy, I declars that I have examined this return including accompanying schedules and statem and complete. Declaration of preparer (albeit han officer) is based on all information of which preparer has any known	ents, and to the best of my knowled ledge	and belief, it is true, correct.
Sig	n			
Her	'e	Signature of officer	Uate	
		RICHARD SICLARI, EXECUTIVE DIRECTOR  Type or print name and title		
		Date		er's identifying number
				isk octions)
•	'	Firm's ANDROW CHEDRY) HEYAFRIT & HOLLAND LLD	EIN D	
B Cross Care Service Confidence of Capanization Page 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15 August 15				
			Phone no. > (	786) 693-6300
May	v the IF	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

632002 02-64-10

1 01111 000 (2000)	COMMONTIT WIDE	VED OOK CE!	711C:	27 E304170	1 49
Part IV Checklist of	Required Schedules			<u> </u>	_

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B. Schedule of Contributors?	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	J	X
4	Section 601(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	_4_	Ĺ.,	_X_
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	)		
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	в		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
В	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X.
₿	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	_		
	If 'Yes," complete Schedule D, Part V	10	ĺ	X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11	X	1
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? // "Yes," complete Schedule D,			
	Part VI.			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes, "complete Schedule D, Part IX.			
•	Old the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		ŀ	
•	Oid the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's flability for uncertain tax positions under FIN 487 If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u></u>	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
b	Oid the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			1
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			ļ
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	Ĺ	X
16	Did the organization report on Pan IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	1		
	located outside the United States? If "Yes," complete Schedule F, Part III	18	L	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a7 # "Yes,"			
	complete Schedule G, Part III	19	<u> </u>	X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedula H	20		X
		Form	990 (	(2009)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX. column (A), line 17 If "Yes." complete Schedule I, Parts I and II	21		<u>X</u>
22	Oid the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 27 if "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1		
	Schedule J	23	_X	
24a	Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	249		X
b	Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	ļ — ··		
	any tax-exempt bonds?	24c		
đ	Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a		_	
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? // "Yes," complete			
	Schedule L, Part I	25b		X
28	Was a loan to or by a current or former officer, director, frustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			ĺ
	Schedule L, Part III	27		<u> X</u>
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X_
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	24	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	İ		
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	!		
	sections 301.7701-2 and 301.7701-37 // "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, Ime 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35	L	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charnable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O.	38	X	
		_	000	

Form **990** (2009)

Form 990 (2009) COMMUNITY AIDS RESOURCE, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns, Enter 0 if not applicable			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	<u>1c</u>		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 144			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	26	X	
	Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X	ļ
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3ъ	X	
<b>4</b> a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	48		X
ь	If "Yes," enter the name of the foreign country: ►			Ī
	See the instructions for exceptions and filing requirements for Form TD F 90 22.1, Report of Foreign Bank and		( '	
	Financial Accounts			
51	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>x</u> -
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
c	If "Yes," to fine 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		
62	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		1	
	any contributions that were not tax deductible?	6a	<b></b> -	_X_
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		1 1	İ
	were not tax deductible?	67	<b></b>	
7	Organizations that may receive deductible contributions under section 170(c).			
8	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	_		ູ
	provided to the payor?	7 <u>a</u>	<b></b>	<u>x</u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	_7b	$\vdash$	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	-		X
	to file Form 8282?	7c_	$\vdash$	· ·
	If "Yes," indicate the number of Forms 8282 filed during the year.  Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
•	hands again 10	7e		
,	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <b>f</b>	<del></del>	
g		7g		<u> </u>
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098 C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
_	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		, I	Ĭ
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
ь	Gross income from other sources (Do not net amounts due or paid to other sources agains)			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 in lieu of Form 1041?	12a		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		لـــا	<u> </u>
		Form	990 (	(9009)

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

360	RIGH A. Governing Body and Management		—	—т	
•	Solar the guestian of voting manhard of the requiring had.	3 1 <u> </u>		Yes	No
		11 11			
ь		<del></del>			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	ļ		ļ	v
	officer, director, trustee, or key employee?	-	2	— i	<u>X</u> _
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		_		v
	of officers, directors or trustees, or key employees to a management comparity or other person?		3		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	<b>—</b>	4		X_
5	Did the organization become aware during the year of a material diversion of the organization's assets?	_	5	—- <del>}</del>	X
6	Does the organization have members or stockholders?	·  -4	6	$\longrightarrow$	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			ļ	
	governing body?	· -	<u>'a</u>	$\rightarrow$	X
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	. 7	<u>'b</u>		<u>x</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
	by the following:				
	The governing body?		3a	X	<u> </u>
	Each committee with authority to act on behalf of the governing body?	. 6	36	Х	<del></del>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A who cannot be reached at the		)		
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	!	9 _		<u> </u>
Sec	tion B. Policies This Section B requests information about policies not required by the Internal Revenue Code.)				
		_		Yes	_
	Does the organization have local chapters, branches, or affiliates?	10	0 <u>0  </u>		_X_
P	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,				
	and branches to ensure their operations are consistent with those of the organization?	10	0 <del>5</del>		—
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	1	11	X	
11A	Describe in Schedule 0 the process, if any, used by the organization to review this Form 990.				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	1	20	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	-			
	to conflicts?	1:	26		X
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes, describe			_	
	in Schedule O how this is done	1	2c	X	
13	Does the organization have a written whistleblower policy?	.  _1	13		X
14	Does the organization have a written document retention and destruction policy?	1	14	X	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by independent			1	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		ľ		
а	The organization's CEO, Executive Director, or top management official	15	5a	X	
ь	Other officers or key employees of the organization	18	<u>56</u>	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)				
16 <sub>a</sub>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		1	l	
	taxable entity during the year?	. 10	<u>6a</u>		<u> X</u> _
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation				
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's		- 1	ĺ	
	exempt status with respect to such arrangements?	1(	6b 📗		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed FL				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available.	ble for	r		
	public inspection. Indicate how you make these available. Check all that apply				
	Own website				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy	, and	fınan	cial	
	statements available to the public.				
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organ	iizatior	<b>&gt;</b>		
	RICHARD SICLARI - 305-576-1234				
	3510 BISCAYNE BLVD #300, MIAMI, FL 33137				
		F	orm 🤇	<del>39</del> 0 (	(2009)

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### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter 0 in columns (0), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours	Average				ann	lv)	(D) Reportable compensation	<b>(E)</b> Reportable compensation	(F) Estimated amount of
	per waak	homonal hustee or director	hybirdignal (resiec	Office		Mighest compensated completed	-	from the organization (W-2/1099-MISC)	from related from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
RICHARD STCLART										
CHIEF EXECUTIVE OFFICER	40.00	X		X		X		189,880.	0.	16,471
RUSSELL CORBETT									_	_
TREASURER	1.00	X	_	X	ļ		_	0.	0.	0
DOROTHY HOLMES								_	_	_
PRESIDENT	1.00	X		X				0.	0.	0
DAVID PAUL										_
VICE PRESIDENT	1.00	X	<u> </u>	X	Ļ			0.	0.	0
JUDY NEWELL					Ì				_	_
DIRECTOR	1.00	X			<u> </u>	_		0.	0.	0
GRORGIA MCLEAN								1		_
DIRECTOR	1.00	X	_	_	_	_		0.	0.	0
ANA GARCIA				ĺ						_
DIRECTOR	1.00	X		_			_	0.		0
DANIEL FALCON						١.,				_
<u>secretary</u>	1.00	X	L	X		<u> </u>		0.	0.	0
JAIME FRANCO					İ					
DIRECTOR	1.00	X			L			0.	0.	0
DANIEL SERA				ĺ						
DIRECTOR	1.00	X	L		L			0.	0.	0
GEORGE CASTRATARO										
DIRECTOR	1.00	X		<u> </u>	<u></u>			0.	0.	0
ANTHONY HERNANDEZ										
DIRECTOR	1.00	X	ļ	   _				0.	0.	0
ANGEL PEREZ		Γ			ĺ					
DIRECTOR	1.00	X	L					0.	0.	0_
ROBERT HEGLAR										
ASSOCIATE MEDICAL DIRECTOR	40.00		_			х		151,786.	0.	11,688
MICHAEL CUENCA										
PHYSICIAN	40.00		_		_	X	$oxed{oxed}$	141,220.	0.	11,341
STEVEN SANTIAGO										
MEDICAL DIRECTOR	40.00	L				X	<u>L</u> _	170,159.	0.	12,404
LUIS SANEZ										
PHYSICIAN	40.00					lx.		131,254.	· 0.	9,167

Form **990** (2009)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part Vill.	(Á) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S.			-	
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members		_		
5	Compensation of current officers, directors,				
	trustees, and key employees		_		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,165,993.	3,885,236.	119,563.	161,194.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	752,555.	721,320.	18,366.	12,869.
10	Payroll taxes	345,171.	301,204.	9,099.	34,868.
11	Fees for services (non-employees):				
a	Management				
ь		i			
c					
d	Lobbying				
•					
1	Investment management fees				
g		156,689.	145,041.	10,067.	1,581.
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royallies				
18	Occupancy	61,961.	43,320.	18,641.	
17	Travel	45,590.	43,249.	_ 1,363.	978.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	31,920.	30,030.	1,619.	271.
20	Interest	40,599.	<u>29</u> ,406.	9,156.	2,037.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	148,044.	109,059.	33,410.	<u>5,</u> 575.
23	Insurance	68,728.	65,170.	3,049.	509.
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				<u> </u>
а	RESEARCH LAB FEES AND E	992,916.	992,916.		
b	THRIFT STORE EXPENSES	290,256.	290,256		
c	SUPPLIES	262,768.	255,864.	5,885.	1,019
d		154,308.	<u> </u>	8,226.	1,809.
е	DIRECT ASSISTANCE	109,675.	108,663.	867.	145.
f	All other expenses	110,833.	83,047.	19,308.	8,478.
25	Total functional expenses, Add lines 1 through 24f	7,738,006.	$7,\overline{248},054.$	258,619.	231,333
26	Joint costs. Check here   If following	$\neg$			
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation	_			

Part X	Balance Sheet

Part X	Balance Sheet			
		(A) Beginning of year		(B) End of year
1	Cash non-interest bearing		1	
2	Savings and temporary cash investments	1,028,517.	2	1,684,565
3	Pledges and grants receivable, net	1,226,867.	3	981,924
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II			
ĺ	of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
	Part II of Schedule L		Б	
2 7	Notes and loans receivable, not		7	
8	Inventories for sale or use	25,000.	8	25,000
و ا ا	Prepaid expenses and deferred charges	96,784.	9	145,837
10	Land, buildings, and equipment: cost or other			
''	basis. Complete Part VI of Schedule D 10a 5, 119, 035.			
	Less: accumulated depreciation 10b 832,883.	3,922,722.	10c	4,286,152
11	Investments · publicly traded securities		11	<u> </u>
12	Investments - other securities. See Part IV, line 11	179,230.	12	179,230
13	Investments · program related. See Part IV, line 11		13	4.2720
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	81,888.	15	47,202
16	Total assets, Add lines 1 through 15 (must equal line 34)	6,561,008.	16	7,349,910
17	Accounts payable and accruad expenses	384,386.	17	713,647
18	Grants payable	301/3001	18	
19	Defended and an array	254,626.	18	122,288
20	Tax-exempt bond liabilities	231,020.	20	122,200
	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
2	Payables to current and former officers, directors, trustees, key employees,			
21 22	highest compensated employees, and disqualified persons. Complete Part II			
			22	
	of Schedule L	3,013,950.	23	2,932,231
23	Secured mortgages and notes payable to unrelated third parties	3,013,330.	24	2,332,231
24	Unsecured notes and loans payable to unrelated third parties  Other liabilities. Complete Part X of Schedule O		25	
25 26		3,652,962.	26	3,768,166
1.20	Total liabitities. Add lines 17 through 25  Organizations that follow SFAS 117, check here ▶ 🛣 and complete	3,032,7021	2.9	3,700,100
}	lines 27 through 29, and lines 33 and 34.	2,908,046.	27	3,581,744
27	Unreatificited net assets	2,300,040.		3,301,744
28	Temporanly restricted net assets		28	
29	Permanently restricted net assets		29	
27 28 29 30 31 32	Organizations that do not follow SFAS 117, check here			
5	complete lines 30 through 34.			
30	Capital stock or trust principal, or current lunds		30	
31	Paid-in or capital surplus, or land, building or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	5 554 544
33	Total net assets or fund balances	2,908,046.	33	3,581,744
	Total liabilities and net assets/fund balances	6,561,008.	34	7,349,910

LPA	rt Ai Fillai	icial Statements and Reporting			
				Yes	Nο
1	Accounting	method used to prepare the Form 990 Cash Accrual Other			
	If the organiz	ration changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the ord	panization's financial statements compiled or reviewed by an independent accountant?	2a		X
ь	Were the org	panization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to lu	ne 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit.			
	review, or co	impilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organi	zation changed either its oversight process or selection process during the lax year, explain in Schedule O.			
d	If "Yes" to fir	e 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated	basis, separate basis, or both.			
	Separa	ate basis X Consolidated basis Both consolidated and separate basis			1
За	As a result o	f a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMI	3 Circular A-133?	3a	X	
b	If "Yes," did	the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, ex	plain why in Schedule O and describe any steps taken to undergo such audits.	36	X	
			Fom	990	(2009

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### **SCHEDULE A**

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

			TY AIDS RESO						59	-2564	198	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t.) See ins	tructions.				
The organ	zation is not a	a private foundation	pecause it is (For lines t	1 through	11, check	only one t	oox.)		<u> </u>			
1 🔲	A church, co	nvention of churches	, or association of churc	ches desc	nbed in se	ction 170	(b)(1)(A)(i	).				
2	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attacn Sc	hedule E.)	ı							
з 🔲	A hospital or	a cooperative hospit	al service organization o	described	in section	170(b)(1)	(A)(iii).					
4 🗀	A medical res	search organization o	perated in conjunction	with a hos	spital descr	ribed in se	ction 170	(선)(1)(A)(iii	). Enter the	e hospital	's nam	e,
	city, and stat	e:										
5 🗀	An organizati	on operated for the	penefit of a college or ur	niversity o	wned or op	perated by	a governi	mental unit	described	in		
	section 170(b)(1)(A)(iv). (Complete Part II.)											
e 🗀	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7 🕱	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
	section 170(	b)(1)(A)(vi), (Comple	te Part II.)									
в 🗀	A community	trust described in s	ection 170(b)(1)(A)(vi). (	(Complete	Part II )							
9 [	An organizati	on that normally rec	eives: (1) more than 33 t	1/3% of its	support f	rom contri	butions, r	nembership	fees, and	gross re	ceipts (	from
	activities rela	ted to its exempt fur	nctions - subject to certa	un excepti	ons, and (2	2) rio more	than 33 1	1/3% of its	support fr	om gross	IUN931	ment
	income and t	unrelated business to	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization af	er June 3	0, 197	5.
	See section	<b>509(a)(2</b> ). (Complete	Part III )									
10 🔲	An organizati	ion organized and or	perated exclusively to tes	st for publ	ic safety. S	See <b>sect</b> io	n 509(a)(4	4).				
11	An organizati	ion organized and op	perated exclusively for th	ne benefit	of, to perfo	orm the fu	nctions of	, or to carry	out the p	urposes d	if one o	) f
	more publicly	y supported organiza	tions described in section	on 50 <b>9(a)(</b>	1) or section	on 509(a)(2	2) See sei	ction <mark>509</mark> (a	i)(3). Chec	k the box	that	
	describes the	type of supporting	organization and comple	ete lines 1	1e through	11h.						
_	a Type I		,,	, .	e III - Func	=	_			Гуре I∦ - 0		
e			t the organization is not									n
	foundation m	ianagers and other ti	nan one or more publicly	y supporte	ed organiza	itions des	cubed in s	section 509	(a)(1) or se	ction 509	(a)(2).	
ſ	If the organiz	ation received a writ	ten determination from t	the IRS th	at it is a Ty	ре I, Турс	ll, or Type	e HI				
	supporting or	rganization, check th	is box									
9	•		rganization accepted ar	• –								
	(ı) A perso	n who directly or ind	irectly controls, either al	one ar tog	jether with	persons o	lescribed	in (ii) and (i	i) below,		Yes	No
	-	- 1	ipported organization?					4- 1	* *** ******	11g(i)		<del></del>
		· ·	described in (i) above?		_					11 <u>9(ii)</u>		<u> </u>
	` '	•	person described in (i) of			-			**** ** * * * *	11g(ili)		
h	Provide the f	ollowing information	about the supported or	ganization	(2)							
		<u> </u>	(iii) Type of	τ				(uttio	Hho			
	of supported	(ii) EIN	Organization		organization sted in your		u notity the tion in col.	Lorganizatio	n in col. l		nount of	I
010	anization		(described on lines 1-9		document?		r support?	(i) organize U.S.	ed in the	SUD	port	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
			(500 11104 00410112))		<del>  ''0</del>	163		100	- 110			
	-	-							<del></del>			
		1			<del> </del>	<u> </u>						
		ĺ										
					-	<del> </del>	<del>                                     </del>	+				
					1							
-				<del>  -</del>	1		!	-				
		_		<del>                                     </del>	i			1				
Total												
	rivacy Act on	rd Panerwork Redu	ction Act Notice, see U	he Instruc	tions for	I.		Schedul	A (Form	990 or 99	10-F71	2009
	uu not al	upo. worn 11000		الاستان وروز موسود				,,	,		/	

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Form 990 or 990-EZ.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

actiednie w	Legim aad or sacrest social CONMONITY WIDS KESCOKCE' THC:	37-4304170
Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(/	4)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)	

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not	3499618.	3999038.	4618678	4857608.	6101251	22166102
_	include any "unusual grants.")	3499018.	3999038.	46186/8	485/608.	0191721.	23166193.
2	Tax revenues levied for the organ						}
	ization's benefit and either paid to or expended on its behalf		)				
•	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3499618.	3999038.	4618678.	4857608.	6191251	23166193.
	The portion of total contributions	3477010.		30100701	40370001	0171271	23100133.
_	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support, Support line 4 from time 4						23166193.
	ction B. Total Support				<u> </u>	·	
Cal	andar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	3499618.	3999038.	4618678.	4857608.	6191251.	23166193.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	36,690.	69,266.	46,494.	25,474.	28,770.	206,694.
8	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						<u></u>
10	Other income. Do not include gain				: 		İ
	or loss from the sale of capital						
	assets (Explain in Part IV)						
	Total support, Add lines 7 through 10						23372887.
	Gross receipts from related activities,	•					,994,961.
13	First five years. If the Form 990 is for	-	s first, second, thu	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
Sec	organization, check this box and store of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publication of Publicati		rcentage	. 22.21			
	Public support percentage for 2009 (					14	99.12 %
	Public support percentage from 2008			SOIDMIN (I))		15	$\frac{39.12}{99.01}$ %
	33 1/3% support test - 2009, If the o			line 13, and line 1			
	stop here. The organization qualifies	-				-	<b> ▶ X</b>
ь	33 1/3% support test - 2008. If the a						
_	and stop here. The organization qual	-					▶□
17a	10% -facts-and circumstances tes						or mare,
	and if the organization meets the 'fac	<del>-</del>					
	meets the "facts and circumstances"			•	=		
ь	10% -facts-and-circumstances tes	J	•			7a, and line 15 is	
	more, and if the organization meets the	<del>-</del>					
	organization meets the "facts and circ				•		
18	Private foundation, if the organization	on did not check a	box on line 13, 16	a 16h 17a. or 17h	o, check this box a	and see instruction	ns 🕨 🗀
					Sche	edule A (Form 990	or 990-EZ) 2009

937022 02-08-10

Schedule A (Form 990 or 990 EZ) 2009  Part III   Support Schedule for C	)rganizations	Described in	Section 509(a	1(2) (Corpolete colu	it you shooted the he	Page 3
Section A. Public Support	, gameano			/(-) (Complete only	II YOU CHECKED THE DE	ox On line 9 Of Part I.)
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and	[ <b>a</b> ) 2003	10,2000	(C) EUO	(4) 2008	(2) 2005	(r) rotal
membership fees received. (Do not						
include any 'unusual grants.")						
2 Gross receipts from admissions.		_			1	
merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the organization's tax exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus						
iness under section 513						
4 Tax revenues levied for the organ-				7		
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total, Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received		†—- <i>i</i> ——				
from other than disqualified paraona that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year		<del>                                     </del>		<del> </del>		
c Add lines 7a and 7b					-	
8 Public support (Subling ling Teltom line 5) Section B. Total Support						
Catendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6		(6) 2000	10/2007	(9) 2003	(E) 2003	(i) rotal
toa Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income		<del>-</del>				
(less section 511 (axes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on						
or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add Ines 9, 10c, 11, and 12)	_					
14 First five years. If the Form 990 is for	the organization	s first, second, this	d, fourth, or fifth ta	ax vear as a section	on 501(c)(3) organiz	ation,
check this box and stop here						•
Section C. Computation of Publ	ic Support Pe	rcentage			<u> </u>	
15 Public support percentage for 2009 [	<u> </u>		column (f))	_	15	%
16 Public support percentage from 2006	•	•	(7)		16	%
Section D. Computation of Inves						
17 Investment income percentage for 20			ne 13. column (fi)		17	%
18 Investment income percentage from 2			ie ta, colaini (i)		18	<u></u> %
19a 33 1/3% support tests - 2009. If the			on line 14, and line	a 15 is more than :		
more than 33 1/3%, check this box a	•					
b 33 1/3% support tests - 2008. If the	-	_				and
line 18 is not more than 33 1/3%, che	-					▶□
20 Private foundation, if the organization		,				
A CONTRACTOURISMENT OF THE COMMUNICATION	עוע ווטו נוופנא מ		a. J. 120. Check II	na DUX allu 366 //		

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

990, 990-EZ, 0 ► Attach to Form 990, 990-EZ, or 990-PF.

OME No 1545-0047

2009

Name of the organization

Employer identification number

COMMUNITY AIDS RESOURCE, INC 59-2564198 Organization type (check one) Filers of: Section: Form 990 or 990-EZ X 501(c)( 3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule [X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II. Special Rules For a section 501(c)(3) organization filling Form 990 or 990 EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and It For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year. aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year. contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, chantable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990 PF, to certify that it does not meet the filling requirements of Schedule 8 (Form 990, 990-E2, or 990-PF) Schedule B (Form 990, 990-EZ, or 990-PF) (2009) LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

Schedule of Contributors

for Form 990, 990-EZ, or 990-PF.

Emplayer Identification number

art I	Contributors (see instructions)		
	Continuators (see instructions)		·
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4 ENCHANTED PLACE HOMEOWNER'S	Aggregate contributions	Type of contribution
1	ASSOCIATION	1	Person X
	ABBOCIATION	—	Payroll
	1710 NE 137 TERRACE	\$ 10,676.	Noncash
			(Complete Part II if the
	NORTH MIAMI, FL 33181	_	is a noncash contribut
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
^	DOCKDULA CARRO		_ (7)
2	BROADWAY CARES	_	Person X
	165 WEST 46 STREET #1300	\$ 5,000.	Noncash
	#40 MAY 10 DAME 1 11 20 00	_   +	(Complete Part II if the
	NEW YORK, NY 10036		is a noncash contribut
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
10.	MIAMI DADE DEPARTMENT OF CULTURAL	Wadie asts counting nous	(ype or contradito
6	AFFAIRS		Person X
		_	Payroll
	111 NW 1 STREET #25	_ \$ <u>22,500.</u>	Noncash
	WT3WT BY 33130		(Complete Part II if the
	MIAMI, FL 33128	_	is a noncash contribut
(a)	(b)	(c)	(d)
٧٥.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
7	HEALTH FOUNDATION OF SOUTH FLORIDA		0
	MEALIT FOUNDATION OF BOOTH FEORIDA		Person LX
	2 SOUTH BISCAYNE BLVD #1710	s 41,595.	Noncash
			(Complete Part II if the
	MIAMI, FL 33131	_	is a noncash contribut
(a)		(c)	(d)
۷o.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
3	MIAMI BEACH VISITOR & CONVENTION AUTHORITY		Person X
			Раутоll
	555 17 STREET	\$ 24,300.	Noncash
	MINIT BELOW BY 33430		(Complete Part II if the
	MIAMI BEACH, FL 33139	_	is a noncash contribut
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
ρ	M A C ATEC FINE M A C CYCEAT		Person X
8	M A C AIDS FUND/M A C GLOBAL	_	Person LX Payroll
	130 PRINCE STREET 4TH FLOOR	\$ 40,000.	Noncash
		· ·-·	1
			(Complete Part II if the

Name of organization

Employer identification number

COMMU	NITY AIDS RESOURCE, INC.		59-256 <u>4198</u>
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) Type of contribution
4	RYDER SYSTEM CHARITABLE FOUNDATION		Person X
	11690 NW 105 STREET MIAMI, FL 33178	510,00	O. Nancash [ ] (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d)
5	ELTON JOHN AIDS FOUNDATION  584 BROADWAY #907  NEW YORK, NY 10012	\$ <u>26,91</u>	Person X Payroll Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributio	(d) ns Type of contribution
9	CAMPBELL FOUNDATION  5975 N FEDERAL HWY #126  FT LAUDERDALE, FL 33308	\$5,00	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d)
10	GOLDDIGGERS, INC. 2 DATRAN CENTER 9130 S DADELAND BLVD. #1209 MIAMI, FL 33156	s16,00	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) ns Type of contribution
11	DUREX CONSUMER PRODUCTS  5430 EDGERTON DRIVE  NORCROSS, GA 30092	\$9,00	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	ns Type of contribution
12	TRIGG LABS  28650 BRAXTON AVENUE  VALENCIA, CA 91355-4163	s <u>12,97</u>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

923452 02-01 10

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Employer identification number

### COMMUNITY AIDS RESOURCE, INC.

59-2564198

Part !	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	ONE NATURAL JUICES - PEPSICO INC.  7777 NW 41 STREET  MIAMI, FL 33166	- - - - - - - - - - - - - - - - - - -	Person Payroll Noncash X (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
14	EACARDI USA, INC.  2701 LEJEUNE ROAD  CORAL GABLES, FL 33134	_ \$9, <u>177.</u>	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
15	RED BULL ENERGY DRINKS  5125 NW 165 STREET  MIAMI GARDENS, FL 33014		Person Payroll Noncash X (Complete Part It if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP ← 4	(c) Aggregate contributions	(d) Type of contribution
		- \$ \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		_ \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution  Person Payroll
		School de State	Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

### COMMUNITY AIDS RESOURCE, INC.

59-2564198

art (I	Noncash Property (see instructions)			
(a) No. from Part I	(b)  Description of noncash property given	1	(c) FMV (or estimate) (see instructions)	(d) Date received
11	18,000 CONDOMS			
		\$	9,000.	11/01/09
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
12	300 WET TRASH BOXES, LINERS AND 15,000 SAFE SEX KITS			
		s_	12,978.	11/01/09
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
13	1000 STAFF AND VOLUNTEER T-SHIRTS AND SSORTED CASES OF JUICES			
		\$	6,000.	11/01/09
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
14	ASSORTED ALCOHOLIC BEVERAGES			
		s_	9,177.	11/01/09
(a) No. from Part I	(b) Description of noncash property given	1	(c) FMV (or estimate) (see instructions)	(d) Data received
<u>15</u>	240 CASES OF ENERGY DRINKS			
		<b>s</b> _	5,000.	11/01/09
(a) No from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
			<del>,</del>	
		\$		

### Schedule D

(Form 990)

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

DMB No 1545-0047 Open to Public Inspection

Uspariment of the Treasury Internal Revenue Service Name of the organization

➤ Attach to Form 990. ➤ See separate instructions.

Employer identification number 59-2564198

	<u>COMMUNITY AIDS RES</u>		<u> 59-2564198</u>
ĮРа	rt I Organizations Maintaining Donor Adviso	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Pan IV, In	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		<del></del> - <del></del>
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
_	are the organization's property, subject to the organization's	~	Yes No
8	Did the organization inform all grantees, donors, and donor a		
Ŭ	for charitable purposes and not for the benefit of the donor	= - <del>-</del>	•
	impermissible private benefit?	or define devisor, or for any earler purpose of	Yes No
Pa	rt II Conservation Easements. Complete if the or	ganzation answered "Yes" to Form 990 Pa	
1	Purpose(s) of conservation easements held by the organizate		
'	Preservation of land for public use (e.g., recreation or )		orically important land area
	Protection of natural habitat	Preservation of a certif	
	Preservation of open space	r reservation dra certif	ned historic structure
2	Complete lines 2a through 2d if the organization held a quali	find consequent contribution in the form of	d a concentration accompany on the least
~	day of the tax year.	ned conservation continuation in the form t	or a conservation rasement off the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
_	Total acreage restricted by conservation easements	e version de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la compa	2a
b	Number of conservation easements on a certified historic sti	richire included in (a)	<u>2b</u>
c		, ,	2c 2d
3	Number of conservation easements included in (c) acquired Number of conservation easements modified, transferred, re		
,		neased, extinguished, or terminated by the	biganization during the tax
	year >	asment is legated	
4	Number of states where property subject to conservation ear Does the organization have a written policy regarding the pe	<u></u>	
5			Yes No
	violations, and enforcement of the conservation easements		
6 7	Staff and volunteer hours devoted to monitoring, inspecting		
	Amount of expenses incurred in monitoring, inspecting, and		<del></del>
8	Does each conservation easement reported on line 2(d) about	,	(4)(€)(I)  Yes
_			
9	In Part XIV, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes ti	rie organization's accounting for
Pa	conservation easements. rt III   Organizations Maintaining Collections o	A Art Historical Trassures or Ot	har Similar Accate
ra	Complete it the organization answered "Yes" to Form	•	nei annia, Assets.
-	Complete it the organization and wered 123 (01 till)		
4.5	If the organization elected, as permitted under SFAS 116, no	to reced in its squarys statement and he	lance sheet works of not historical
18	,	·	
	treasures, or other similar assets held for public exhibition, e		ile service, provide, in Part AtV, the text of
	the footnote to its financial statements that describes these		and a state of out bustoness the contract of
ь	If the organization elected, as permitted under SFAS 116, to		
	or other similar assets held for public exhibition, education, o	or research in furtherance of public service,	provide the following amounts relating to
	these items		<b>.</b> .
	(i) Revenues included in Form 990, Part VIII, line 1		\$
_	(ii) Assets included in Form 990, Part X		<b>&gt; *</b>
2	If the organization received or held works of art, historical tre		gain, provide
	the following amounts required to be reported under SFAS 1	To relating to these items:	<b>-</b> a
a	Revenues included in Form 990, Part VIII, line 1		. • • • • • • • • • • • • • • • • • • •
ь	Assets included in Form 990, Part X		<b>S</b>

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 D2-D1-10

Schedule D (Form 990) 2009

	dule 0 (Form 990) 2009 COMMUNI  It III Organizations Maintaining C				INC. Treasures.					Page 2
3	Using the organization's acquisition, access			-						
_	(check all that apply)	•	,	,	•		J			
а	Public exhibition		d []	Loan or i	exchange progr	ams				
b	Scholarly research		e 🗀							
c	Preservation for future generations		٠							·
_		allactions and a	فينامط مندامت	do a u di unido.	or the erganizat	's aug			4 VII.	
4 5	Provide a description of the organization's c			•	_			350 III Far	LXIV	
5	During the year, did the organization solicit of					er sumar	assers		٦ ٠٠	[]
Pai	to be sold to raise funds rather than to be me tiv Escrow and Custodial Arran						- 000 Da		_ Yes	No
	reported an amount on Form 990, Pa		ompiete ii or	ganizatio	n answered Te	s to For	п 990, Ра	rt IV, line	9, br	
14	Is the organization an agent, trustee, custod	ian or other inte	ermediary ioi	COULIDA	tions or other as	sets not	incinaéa	_	٦	<b></b>
_	on Form 990, Part X?					-		L	_l Yes	L No
b	If "Yes," explain the arrangement in Part XIV	and complete t	the following	table						
									Amount	
c	Beginning balance				11 201210121		1c			
d	Additions during the year	-					1d			
ė	Distributions during the year						10			
f	Ending balance					,	1f		_	<del></del> -
2a	Did the organization include an amount on F	orm 990, Part X	(, line 21?						Yes	L No
<u> </u>	If "Yes," explain the arrangement in Part XIV									
Par	t V Endowment Funds, Complete	f the organization	on answered	"Yes" to	Form 990, Part	IV, line 1	0.			
		(a) Current ye	ear (b)	Pilor year	(c) Two yea	rs back	(d) Three y	ears back	(e) Faur y	cars back
1a	Beginning of year balance									
b	Contributions					T				
c	Net investment earnings, gains, and losses	1								
d	Grants or scholarships				-		_			
	Other expenditures for facilities									
	and programs									
,	Administrative expenses			•				-		
ā	End of year balance									
2	Provide the estimated percentage of the year	r end balance h	neld as						1	
a	Board designated or quasi-endowment		%							
ь	Permanent endowment									
٥		<del></del> ^								
3-	Are there endowment funds not in the posse	· =	nantation th	at are hel	d and administs	ared for th	se ora <b>zň</b> iz	ation		
34	by	ession of the or	gariir awort (tr	a a c ne	a ana aominisia		ic organiz	ation	Г	res No
	(i) unrelated organizations								3a(i)	169 140
	=	-					*1	-		-+-
	(ii) related organizations		 خطما ممالاملم	Auda DO					3a(ii)	<del></del>
	If "Yes" to 3a(ii), are the related organization	•							36	
4	t VI Investments - Land, Building				DO Ded V lies	10			-	
Par	-								105-1	-1
	Description of investment		t or other vestment)	1 ' '	ost or other sis (other)		reciation	d	(d) Book	value ————
1a	Land .			1						
ь	Buildings				865 <u>,257.</u>		31,8 <u>9</u>			<u>,362.</u>
С	Leasehold improvements		:	1	865,6 <u>86.</u>		79 <u>,34</u>			,341.
d	Equipment	l			356,552.	2	206,88			,669.
_ 8	Other				31,540.		14,76			,780.
	. Add lines 1a through 1e (Column (d) must a	qual Form 990,	Part Y_colu	mn (B), lir	ne 10(c).)				4,286	<u>, 152.</u>

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 COMMUNITY	AIDS RESOURCE, IN	IC. 59-2564198 Page 3
Part VII Investments - Other Securities.	See Form 990, Part X, line 12.	
(a) Description of security or category	(b) Book value	(c) Method of valuation:
(including name of security)		Cost or and of-year market value
Financial derivatives	-	
Closely held equity interests	<del></del>	
Other	-	
	<u> </u>	
	<del> -</del>	
	<del>-</del>	
	<del></del>	<del></del>
	<del></del>	
	++-	
	<del></del>	
	+	
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)		
Part VIII Investments - Program Related.	See Form 990. Flort V. line 13	
		(c) Method of valuation:
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
<del></del>		
	<del> </del>	<del></del>
	<del></del>	
	<del>                                     </del>	
		<del></del>
<del>-</del>	<del></del>	
- <del></del>	<del></del>	
	<del>                                     </del>	
Total. (Coi (b) must equal Farm 990, Part X, coi (B) fine 13.1	-	
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	
	a) Description	(b) Book value
	<del></del>	
	<del></del>	
Total. (Column (b) must equal Form 990, Part X, col (B) I	ine 15)	
Part X Other Liabilities. See Form 990, Part	X, line 25.	
1. (a) Description of liability		mount
Federal income taxes		
Total. ¡Column (b) must equal Form 990. Part X, col (B)	ine 25.)	
		cial statements that reports the organization's liability for
uncertain tax positions under FIN 48		
932053		Schedule D (Form 990) 2009

	t XI Reconciliation of Change in Net Assets from Form 990 to		ed Financial S		- <u>2564198</u>	Page 4
1	Total revenue (Form 590, Part VIII, column (A), line 12)		1		8,686	628
	• • • • • • • • • • • • • • • • • • • •		<del>-  </del>		7,738	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			
3	Excess or (deficit) for the year Subtract line 2 from line 1		3			622.
4	Net unrealized gains (losses) on investments		. 4	·	<u>-274</u>	,924.
5	Donated services and use of facilities		5			
8	investment expanses		<u> </u>		_	
7	Phor period adjustments		<b>7_</b> _i			
8	Other (Describe in Part XIV.)		8			
9	Total adjustments (net) Add lines 4 through 8		9_		<u>-274</u>	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10		673	<u>,698.</u>
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	nts W	ith Hevenue p	er Retui		
1	Total revenue, gains, and other support per audited financial statements				10,416	<u>562.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII. line 12:					
а	Net unrealized gains on investments	2a	-27 <u>4</u> ,9			
ь	Donated services and use of facilities	26	1,028,6	39.		
C	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIV)	2d	976,2	19.		
_	Add lines 2a through 2d			2e	1,729	934.
3	Subtract line 2e from line 1	•	•	3	8,686	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.				- 0,000	020.
-		اسما				
a	Investment expenses not included on Form 990, Part VIII, line 7b	42				
D	Other (Describe in Part XIV.)	40				^
C	Add lines 4a and 4b	1.41.14		4c	0.606	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	t - \ <del>1</del>	1/34h E		8,686,	628.
	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents v	vitn Expenses	per Ket		0.5.1
1	Total expenses and losses per audited financial statements			. 1	9,742	864.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	1,028,6	39.		
b	Prior year adjustments	26	<u> </u>			
c	Other losses	2c				
d	Other (Describe in Part XIV.)	2d	976,2	19.		
e	Add lines 2a through 2d			2e	2,004,	858.
3	Subtract line 2e from line 1			3	7,738	006.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					_
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			Į.	
- h	Other (Describe in Pan XIV)	46				
	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1					n
	Add lines 4a and 4h		-	40	7 720	006
Par	Total expenses, Add lines 3 and 4c, (This must equal Form 990, Part I, line 18.)  t XIV Supplemental Information	<del></del>		5_	7,738,	000.
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III • 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp					4, Part
DNE	T XII, LINE 2D - OTHER ADJUSTMENTS:					
<u>r m</u>	AT ATT, DINE 2D - OTHER ADDODINGNIS.					
EVE	NT EXPENSES: 542460.					
REN	TAL EXPENSES: 433759.					
PAF	T XIII, LINE 2D - OTHER ADJUSTMENTS:					
EVE	NT EXPENSES: 542460.					
REN	TAL EXPENSES: 433759.					
932054				Sche	dule D (Form 99	90) 2009

07-01-10

#### SCHEDULE G

Declar Imani of the Treasury

(Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

2009

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, tine 6a.

Open To Public

Internal Revenue Service Inspection ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Name of the organization Employer identification number COMMUNITY AIDS RESOURCE, INC. 59-2564198 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. e Solicitation of non-government grants Mail solicitations internet and email solicitations Solicitation of government grants Phone solicitations ] Special fundraising events C In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? bilf "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Dia fundralse have outlody or control of contributions: (v) Amount paid (vi) Amount paid (i) Name of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or onlity (fundraiser) from activity organization listed in col (ii) Yes Nο 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

932081 02-03-10

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G [Form 990 or 990 EZ] 2009 COMMUNITY AIDS RESOURCE, INC. 59-2564198 Page Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
					(add col. (a) through
		WHITE PARTY	AIDS WALK	2	col. (c))
3		(event type)	(event type)	(total number)	
1	Gross receipts	500,768.	212,489.	36,512.	749,769
2	Less Charitable contributions	130,200.	-		130,200
3	Gross income (line 1 minus line 2)	370,568.	212,489.	36, <u>512</u> .	619,569
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs	5,543.			5,543
5 6 7	Food and beverages	3,856.	370.		4,226
В	Entertainment				
9	Other direct expenses	456,762.	53,984.	21,945.	532,691
10	, ,				<u>( 542,460</u> 77,109
11 art			990, Part IV, line 19, or r	eported more than	
	\$15,000 on Form 990-EZ, line 6a.			<b>-</b>	
		(a) Bingo	(b) Pull tabs/instant cingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col (a
	Gross revenue				
Ť			_		
2	Cash prizes		_		
3	Noncash prizes				
4	Rent/facility costs				
5	Other direct expenses	Yes %	Yes %		
6	Volunteer labor	Yes%%	Yes %	Yes%	
7	Direct expense summary. Add lines 2 through	h 5 in calumn (d)			
8	Net gaming income summary. Combine line	1. column (d) and line 7			
. E.	iter the state(s) in which the organization opera	itos gomine activities			Yes No
	the organization licensed to operate gaming ac	•	states?		9a
	'No,' explain				
_	ere any of the organization's garning licenses of	evoked, suspended or re	-minated during the tax y		10a
 \a_W		c voltou, odopenaca or to	inminited training the tax y		
	Yes, " explain				
b  f ' 					11

932062 02-03 10

Schedule G (Form 990 or 990-EZ) 2009

administer charitable gaming?

Schedule G (Form 990 or 990-EZ) 2009 COMMUNITY AIDS RESOURCE, INC. 59-2	<u> 564198</u>	
		Yes No
Iducate the percentage of gaming activity operated in:		
a The organization's facility	<u>%</u>	
h An outside facility	9%	
4 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name	_	
Address >	_	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
b If "Yes," enter the amount of garning revenue received by the organization ▶\$ and the amount		
of garning revenue retained by the third party > \$		
c If "Yes," enter name and address of the third party:	ĺ	
Name ▶	_	
Address ▶	_	
6 Gaming manager information		
Name	_	
Gaming manager compensation ▶ \$		
Description of services provided	_	
	-	
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	17a	
		- 1
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$		

### SCHEDULE J (Form 990)

Department of the Treasury

Internal Asvenue Service

### Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. See separate instructions.

2009 No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 59-2564198 COMMUNITY AIDS RESOURCE, INC. Questions Regarding Compensation Yes No to Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax indemnification and gross-up payments Personal services (e.g., maid, chauffeur, chef) Discretionary spending account b. If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 16 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply Written employment contract Compensation committee Compensation survey or study Independent compensation consultant X Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization. a Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c. Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: X a The organization? .... Ба Х 5h Any related organization? If "Yes" to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: X 6<u>a</u> a The organization? b Any related organization? Бb If "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

initial contract exception described in Regs. section 53.4958-4(a)(312 if "Yes," describe in Part III

If "Yos" to line 8, did the organization also follow the rebuttable presumption procedure described in

Were any amounts reported in Form 990, Part VII, paid or accould pursuant to a contract that was subject to the

not described in lines 5 and 62 If "Yes," describe in Part III

Schedule J (Form 990) 2009

7

8

X

Х

Regulations section 53 4958 6(c)?

COMMUNITY ALDS RESOURCE, INC.

Schedule J (Form 990) 2009

59-2564198

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees, Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990. Part VII, line 1a.

(A) Name	2	(B) Breakdown of M	of W-2 and/or 1099-MISC compensation	SC compensation	<u></u>	<u>Q</u>	(E)	(F)
	(i) compe	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
		189,880.	0	0.	5,775.	10,696.	206,351.	0
RICHARD SICLARI		- 1	0.	0	0	0		0.
	(151	78	0	0	4,605.	7,083.	163,474.	0
ROBERT HEGLAR	(9)	- 1	0.	0.			- 1	0.
	(1) 141	_	0	0.	4,272.	7,069.	152,561.	0.
MICHAEL CUENCA	(ii)	0	0.	0 -				0
	(i) 170	, 15	0.	0.	5,187.	7,217.	182,563.	0.
STEVEN SANTIAGO	(ii)	0	0.	0.	0.	0.	0.	0.
	(E)		· ·					
	(ii)							
	) (1)	 						
	(ii)							
	(3)							
	(ii)							
	(j)							
	(ii)							
	(9)							
	(1)							
	(ı)							
	(1)							
	<u> </u>							
	(ii)							
	<u>e</u>							
	3							
	[ii]							
	(3)							
	(ii)							
	<u> </u>							
	(ii)							
	(5)							
1	(6)							

Schedule J (Form 990) 2009

### SCHEDULE M (Form 990)

### **Noncash Contributions**

➤ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

nes 29 or 30. o Form 990.

2000 2000

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Part I Types of Property

► Attach to Form 990.

COMMUNITY AIDS RESOURCE, INC. Employer identification number 59-2564198

		(a) Check if applicable	(b) lo redmuhi contributions	(c) Revenues repo Form 990, Part V			(d) Method of det revenue		ing	
1	Art - Works of art	<u> </u>								
2	An Historical treasures						_			
3	Art - Fractional interests									
4	Books and publications					<u> </u>				
5	Clothing and household goods					_				
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded									
10	Securities Closely held stock									
11	Securities Partnership, LLC, or									
	trust interests									_
12	Securities · Miscellaneous									
13	Qualified conservation contribution ·				-					
	Historic structures									
14	Qualified conservation contribution - Other	- <del></del>								
15	Real estate · Residential									
16	Real estate Commercial									
17	Real estate - Other									
18	Collect/bles					I			_	
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other (GIFT CERTIFIC)	X	27	36,	310.	FAIR	MARKET	VA	LUE	
26	Other ( FOOD AND BEVE)	X	11	28,	319.	FAIR	MARKET	VA.	LUE	
27	Other > ( TRAVEL AND EN )	<u>X</u>	14			FAIR	MARKET	VA	LUE	
28	Other > (T-SHIRTS )	X	1	6,	000.	FAIR	MARKET	VA	LUE	
29	Number of Forms 8283 received by the organi	zation during	the tax year for o	contributions						
	for which the organization completed Form 82	83, Part IV, (	Dance Acknowled	gment .	29					
							_		Yes	No
30a	During the year, did the organization receive b	v contributio	n any property rep	oorted in Part I, line	as 1.28 th	taum ti te	hold for			
	at least three years from the date of the initial	contribution	and which is not	required to be use	d for exen	npt purpo	ses for			
	the entire holding period?							30a		X
ь	If "Yes," describe the arrangement in Part II						ſ			
31	Does the organization have a gift acceptance	policy that re	equires the review	of any non standa	rd contrib	utions?		31		_X_
32a	Does the organization hire or use third parties	or related or	ganizations to soli	nit, process, or set	l noncash					
	contributions?							32a		X
b	If "Yes," describe in Pan II									
33	If the organization did not report revenues in o	column (c) foi	ra type of propert	y for which column	(a) is che	cked,				
	describe in Part II									

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Schedule M (Form 990) 2009

### SCHEDULE O

### Supplemental Information to Form 990

(Form 990)

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization  COMMUNITY AIDS RESOURCE, INC.	Employer identification number 59-2564198
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
IMPROVES UPON THE HEALTH AND OVERALL QUALITY OF LIFE OF O	UR DIVERSE
SOUTH FLORIDA COMMUNITIES IN NEED.	
FORM 990, PART VI, SECTION B, LINE 11: THE FINANCE COMMIT	TEE REVIEWS THE
990 AND THE BOARD OF DIRECTORS APPROVES THE 990 BEFORE IT	IS FILED
FORM 990, PART VI, SECTION B, LINE 12C: ALL EMPLOYEES ARE	REQUIRED TO
REVIEW SUCH POLICY AND ACKNOWLEDGE UNDERSTANDING BY SIGNI	NG CONFLICT OF
INTEREST STATEMENT	
FORM 990, PART VI, SECTION B, LINE 15: ANNUALLY, ALL SALA	
EVALUATED BASED ON OUTSIDE STATISTICAL TOOLS TO ASCERTAIN LEVELS	CUMPENSATION
DEVELS	
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION M	AKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FIN	ANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART XI, LINE 2C	
THE FINANCE COMMITTEE ASSUMES RESPONSIBILITIY FOR OVERSIG	HT OF THE
AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN IND	EPENDENT
ACCOUNTANT WITH THE APPROVAL OF THE BOARD OF DIRECTORS.	·
<u> </u>	

UHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 890. 632-03-10

Schedule O (Form 990) 2009

Schedule A (Form 990) 2009 2009 Open to Public Inspection Employer identification number OVB No 1545-0047 Direct controlling Direct controlling 59-2564198 Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets status (if section Public chanty 501(c)(3)) € ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Total income Exempt Code section Û 501C ▼ See separate instructions. Related Organizations and Unrelated Partnerships Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) foreign country) LORIDA 33 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. ASSISTS THOSE DISADVANTAGED ▶ Attach to Form 990. COMMUNITY AIDS RESOURCE, INC. Ріталу астіліту Primary activity WITH HIV/AIDS 59-2815277 Name, address, and EiN Name, address, and EIN of related organization of disregarded entity FOOD FOR LIPE NETWORK, INC. 3510 BISCAYNE BLVD, #201 Name of the organization FL 33137 Department of the Treasury internal Revenue Service SCHEDULE R (Form 990) Part II Part MIAMI 01-70-10 02-04-10

Page 2 59-2564198

Schedule R (Form 990) 2009 COMMUNITY AIDS RESOURCE, INC.

Part (I) Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

	לישור אינו היים ולישונים מו היים וליים וליים וליים ומים ליים ומים ליים ומים ליים ומים ליים ומים ליים ומים ליים ומים ליים ומים ליים ומים ליים ומים ליים ומים ליים ומים ליים ומים ליים ומים ליים ומים ליים ומים ליים ומים ליים ומים ליים ומים ליים ומים ליים ומים ליים ומים ליים ומים ליים ומים ליים ליים ליים ליים ליים ליים ליים ל									
(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal demote (state te foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from lax under		(f) Share of total income	(9) Share of end-of-year assets	Disprop	Code V-UBI amount in box 20 of Schedule	(j) General or managing partner?
		Kingo		sections	(5)(2-5)(4)			Ves No		N N
Part IV Identification of Related Org	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or flust during the tax year.)	soration or '	rust (Complete if	the organgat	Ion answered "Y	es to Form 994	D, Part IV, lin	e 34 because it	had one or more	related
(a) Name, address, and EIN of related organization	<b>Z</b> c	<u> </u>	(b) Primary activity	(C) Legal domicik (state or foreign	(d) Direct controlling entity	(C corp. S corp.		(f) Share of total income	Share of Peend of year or assets	(h) Percentago ownership
					Another		_			
		<del></del>				10.00		· - <del></del>		
								<b>.</b>		Ì
							_			
<b>01.12.10</b>			34					၂ တိ	Schedule R (Form 990) 2009	90) 2009

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 35.)

Note, Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes	2
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts I-IV?	inizations listed in Parts II:IV?		-	
a Receipt of (i) interest (ii) annuries (iii) royalties or (iv) rent from a controlled entity			<b>1</b> a	×
b Gift, grant, or capital contribution to other organization(s)	: :::::::::::::::::::::::::::::::::::::	-	4	×
c Giff, grant, or capital contribution from other organization(s)	-	-	<del>ا</del> رد	×
d Loans or Joan quarantees to or for other organization(s)			10	×
e Loans or loan guarantees by other organization(s)			5	×
f Sale of assets to other organization(s)			11	×
ation(s)			19	× 
			14	×
i Lease of facilities, equipment, or other assets to other organization(s)			×	
i Laase of facilities comorned or other assets from other organization(s)			;=	×
k Performance of services or membership or fundraising solicitations for other organization(s)			¥	×
			F	×
m Sharing of facilities, equipment, mailing lists, or other assets	: :		1m X	
n Sharing of paid employees			٤	×
a Damphureample of the other preparation for paragraphs of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other preparation of the other pr				>
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p. Reimbursement paid by other organization for expenses	:	-	Q.	<b>×</b>   -∤-
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_			P.	<b>د ک</b>
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	Auding covered relationships and trans	action (hiesholds	<u> </u>	4
		1-1	3	
(a) Name of other organization(s)		(b) Transaction Type (a-r)	(c) Amount involved	D D
(1)				
6				
(3)				
(4)			 	
(5)				
9				
35		Schedul	Schedule R (Form 990) 2009	9 2009

59-2564198

Page 4

COMMUNITY AIDS RESOURCE, INC. Schedule R (Form 990) 20:39 Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

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Name, address, and EIN of entrry	Primary activity	Legal domicile (state or foreign	Are all parimes section 50 legs proportations?	Share of end-of- year assets	Eightepov tionate	Code V-UBI amount in box 20	polemon pulganem
		country)	Yes No			(Form 1055)	1 - 1
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637.164 02-06-10

Schedule R (Form 890) 2009



May 5, 2011

Rick Sidari, Jr.
Chief Executive Officer
Community AIDS Resource, Inc
dba/Care Resource
3510 Biscayne Blvd, Suite 300
Miami, Florida 33137

Dear Mr. Siclari:

The Broward County Health Department is pleased to support Care Resource's application to the City of Hallandale Beach for FY 2012 Community Based Organizations Grant Funding. We commend Care Resource in its efforts to provide HIV counseling and testing to residents in the City of Hallandale Beach, and making these services available to those who might not otherwise have an opportunity to get tested

Care Resource has a long history of service provision in south Florida communities affected by HIV/AIDS and has significantly built and expanded its services in Broward County over the past years. Through Care Resource's counseling and testing programs, individuals find out their HIV status and for those testing positive, Care Resource is able to immediately get them into care and treatment.

The Broward County Health Department and Care Resource have enjoyed years of collaboration and partnership and we support Care Resource's application to the City of Hallandale Beach.

Sincerely,

Paula M. Thagi, M.D., MPH

thoegamo

Director

**Broward County Health Department** 

PMT/sr



# City of Hallandale Beach

Human Services Department 750 N.W. 8th Avenue

Hallandale Beach, Florida 33009-6433

Phone:

(954) 457-1460

Fax:

(954) 457-1305

May 5, 2011

Rick Siclari, Jr., Chief Executive Officer Community AIDS Resource, Inc dba/Care Resource 3510 Biscayne Blvd, Suite 300 Miami, Florida 33137

Dear Mr. Siclari:

I am pleased to support Care Resource's application to the City of Hallandale Beach for FY 2012 Community Based Organizations Grant Funding. Care Resource's provides HIV counseling and testing for residents in Broward and Dade County. Care Resource has provided HIV testing in the City of Hallandale Beach at the Hepburn Center for over a year. These services are free of charge; therefore it is available to individuals who might not otherwise have an opportunity to get tested for HIV. Through Care Resource's testing program, individuals find out their HIV status immediately. For individuals testing positive, Care Resource is able to immediately counsel them and get them into treatment.

The Human Services Department will continue to support Care Resource program, because HIV and STDs is on the rise among youth and the elderly. The Department will refer individuals, provide office space and collaborate to bring resources to the community. We are pleased to partner on projects that help Hallandale Beach residents, most specifically low income consumers of services.

Should you have any questions or require additional information; or if I can be of any assistance to you, please contact me at (954) 457-1460.

Sincerely,

THE CITY OF HADLANDALE BEACH

Marian McCann-Colliee, Director Human Services Department <u>For General Information</u> Austin Hepburn Senior Mini Center 750 NW 8<sup>th</sup> Avenue / Hallandale Beach, FL 33069

The Human Services Department is responsible for providing a widerange of comprehensive programs pertaining to social services for residents of the City of Hallandale Beach. Programs are administered at / from the <u>Austin Hepburn Center</u>. Using the multi-purpose conterconcept, services provided are best described as activities that impact and or result in a beneficial change in the lives of people May 5, 2011

Rick Siclari, Jr. Chief Executive Officer Community AIDS Resource, Inc. dba/Care Resource 3510 Biscayne Blvd, Suite 300 Miami, Florida 33137

HP LASERJET FAX

Dear Mr. Siclari:

I am pleased to support Care Resource's application to the City of Hallandale Beach for FY 2012 Community Based Organizations Grant Funding. Care Resource's program to provide HIV counseling and testing for residents in the City of Hallandale Beach will make this service available to those who might not otherwise have an opportunity to get tested for HIV.

Care Resource has a long history of service provision in south Florida communities affected by HIV/AIDS and has significantly built and expanded its services in Broward County over the past years. Through Care Resource's counseling and testing programs, individuals find out their HIV status and for those testing positive, Care Resource is able to immediately get them into care and treatment.

Care Resource has been providing HIV testing at the Opa-Locka Neighborhood Empowerment Team for over two years, providing this valuable service to residents using the center. I am pleased to support this application which proposes to add additional days for testing in the City of Hallandale Beach.

Sincereix.



### FREDDY PARDO

1300 NE 109 STREET # 403, NORTH MIAMI, FL 33161 • (786) 554-4445 • FREDDYP8@HOTMAIL.COM

### **SUMMARY**

Bilingual Human Resources professional with over nine years of international HR generalist experience in the retail, healthcare and non-for profit industries. Proven track record in implementing HR strategic initiatives aligned with overall business strategy. Qualifications include strategic thinking, leadership skills, MBA knowledge and cultural sensitivity.

### **PROFESSIONAL EXPERIENCE**

### CARE RESOURCE Miami, FL

September 2001 to Present

The largest HIV/AIDS non-profit service organization in South Florida with a budget of \$7 million and over 110 employees provides education, prevention, counseling and medical care to the communities of Miami- Dade and Broward counties.

#### Director of Human Resources

Responsible for the overall management of the Human Resources Department, Volunteer Services and Administration and Facilities Management, including supervision of two direct and four indirect reports. Report to the CEO.

#### Human Resources

- Reduced employee turnover by 25% through improvement of selection tools, employee orientation, job descriptions, training and organizational development.
- Streamlined and simplified performance appraisal system to reduce completion time and create specific benchmarks
- Provide expert consultation to managers regarding performance management, career development, disciplinary process, and overall staffing strategy implementation
- Responsible for the development and implementation of Agency Policies ensuring compliance with local, state and federal laws.
- Responsible for the consistent execution of HR strategic objectives according to Agency's Strategic Plan.
- Administer benefits and compensation programs keeping competitive plans through permanent research and benchmarking increasing employee retention.
- Design training and development programs for staff and managers in sexual harassment, cultural diversity, team working, and employee selection.

#### Volunteers

• Responsible for the recruitment, placement and retention of around 600 volunteers year around for Agency programs and fundraising events.

#### Administration and Facilities Management

 Oversee the proper maintenance of Agency property in Miami-Dade and Broward offices including a 24,000 SF building and equipment through budget planning and implementation and contractors management.

### Trainer (Internship)

October 2000 to August 2001

- Conducted workshops and seminars for healthcare professionals.
- Compiled and maintained accurate data collection and evaluations for grant funded programs.

### Human Resources Assistant (Internship)

Updated and maintained Human Resources information system (HRIS).

Assisted in coordinating all human resources related activities

### English Studies after arrival to the United States

March 1999 to September 2000

#### CAFESALUD Cali, Colombia

June 1998 to February 1999

Healthcare organization that provides medical care nationwide.

### Human Resources Psychologist

Developed and implemented recruitment and selection, job analysis, employee orientation and training and development programs



### ADVENTURE CORPORATION Cali, Colombia

### November 1997 to February 1999

### Facilitator

Conducted outdoor education workshops in problem solving skills, communication, teamwork and leadership, designed for corporations and community groups.

### SOCIAL SECURITY OFFICE Cali, Colombia

June 1998 to January 1999

#### **Psychologist**

Designed and implemented training programs in public health, prevention of vexually transmitted diseases and mental health programs such as crisis intervention, substance abuse and child abuse.

### COLSEGUROS PREVER Cali, Colombia

March 1998 to December 1998

### Organizational Psychologist (Consultant)

Implemented training programs for the prevention of psychosocial work hazards, and stress management.

### SUPER INTER SUPERMARKETS Cali, Colombia

March 1995 to February 1997

### **Human Resources Director**

Directed the Human Resources department of a regional chain of supermarkets with over 150 employees. Designed and implemented recruitment, selection, orientation, training, performance appraisals and benefits and compensation programs.

### OTHER PROFESSIONAL EXPERIENCE

### ANTONIO NARINO UNIVERSITY Cali, Colombia

January 1998 to December 1998

### Psychology Instructor

Taught courses of Introduction to Psychology

### CENDA EDUCATIONAL CENTER Cali, Colombia

June 1997 to June 1998

#### Instructor

Taught courses of Human Development, Educational Psychology and Group Psychology in the department of Preschool Education.

### **EDUCATION**

University of Miami, School of Business, Coral Gables, FL, May 2005

Master of Business Administration, International Business, GPA 3.9

UNIVERSITY OF MIAMI SCHOOL OF CONTINUING STUDIES, Coral Gables, FL, September 2001

Certificate of Proficiency in Human Resources Management

XAVIER PONTIFICAL UNIVERSITY, Cali, Colombia, April 1995

Bachelor of Arts in Psychology, GPA 3 9

### **CERTIFICATIONS**

UNIVERSITY OF MIAMI SCHOOL OF BUSINESS, Coral Gables, FL, December 2004

Six Sigma Champion Certification

### **AFFILIATIONS**

Society for Human Resources Management (SHRM), March 2001 to Present Greater Miami Society For Human Resources (GMSHRM), September 2005 to Present Beta Gamma Sigma, International Honor Society, May 2006 to Present

### **SKILLS**

Fully bilingual (English-Spanish), computer knowledge includes Internet, Microsoft Office applications (Excel. Word, Power Point, Outlook) and HRIS (E2000)

15340 Nc iwest 27th Place Miami, Florida 33054 (305) 726-6393 tasharataylor@hotmail.com

# Tashara Taylor

#### **EMPLOYMENT**

### September 2007-Persent

Peer Facilitator/Group Recruiter Safer SISTA of Dade County Miami, FL.

- Coordinates the development of groups for Sister Informing Sisters about Topics on AIDS.
- Recruits clients for the SISTA workshops.
- Serves as an administrative support of the program.
- Maintains a database on all SISTA clients.
- Facilitates SISTA workshops.

### October 2004-Persent

Discipleship Training Youth Leader (volunteer) Bible Baptist Church Miami, FL

- Instructs youth in classroom setting on practical use of Christian principles.
- Leads youth in creative discussion to take action of learned principles.
- Organizes youth mission activities.
- Arranges workshops that address Sexually Transmitted Infections (STI.)

November 2006-September 2007

Office Team

Miami, FL

### Account Associate

- Handled sales, service and marketing calls for the center.
- Maintained all stock and department supply inventory.

July 2006-October 2006

Amtrak

Miami, FL

### Lead Service Attendant

- Managed food service area of the train functions.
- Maintained all stock and food area inventory.
- Reported all revenue and non-revenue sales.

March 2003-July 2006

PRC

Plantation, FL

### Human Resources/People Service Specialist

- Maintained employee database.
- Maintained attendance records and personnel files for employees at assigned center.
- Addressed any benefit question for employees at assigned center.
- Served as primary contact for local people department for Human Resource issues.
- Held court order subpoena of employee records.

### **EDUCATION**

August 1997-December 2002

Howard University

Washington, DC

Public Relations Major

Business Administration Minor

### OTHER INFORMATION

Since 2003 I have been an active member in Open Arms of Bible Baptist, a support group for persons affected and infected by HIV/AIDS.



### CERTIFICATE OF LIABILITY INSURANCE

OP ID: DI DATE (MM/DOMYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such and resement(s)

201(111)	tte voluer in vien of SUCH GIRORS	onenda).		
PRODUCER		727-447-6481	CONTACT NAME:	_
101 Starci P O Box 6		727~449-1267	E-MAIL ADDRESS	
Eric Beck			PRODUCER CUSTOMER ID #: COMMU11	
			INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	Community AIDS Resour	ce, Inc.	MSURER A : Diamond State Insurance Co	42048
	dba Care Resource		MISURER 8 : Progressive Express Ins Co	
	Food for Life Network, Inc		NSURER C Bridgefield Employers Ins Co	10701
	3510 Biscayne Blvd #300 Mìami. FL 33137		WSURER D	
	WIEIKI, FC 33137		INSURER E .	
			INSURER F	

<u>COVERAGES</u> CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

W BR	TYPE OF INSURANCE	INSR WA		POLICY EFF	POLICY EXP (MN/DDAYYYY)	LIMIT	 §	
	GENERAL LIABILITY					EACH OCCURRENCE	\$	1,000,000
A	X COMMERCIAL GENERAL LIABILITY		PGA0001049	03/20/11	03/20/12	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	CLAIMS-MADE X OCCUR	1				MED EXP (Any one person)	s	10,000
	X Hired & NO Auto			·		PERSONAL & ADV INJURY	\$	1,000,000
	\$1Mi) Limit	1		·	ļ ,	GENERAL AGGREGATE	s	<u>3,000,</u> 000
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	X POLICY PRO-					Етр Вел.	\$	1,000,000
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Es scadent)	\$	1,000,000
	ANY AUTO	}		}	]	BODILY INJURY (Per person)	\$	
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B A	X SCHEDULED AUTOS	i l	01983551-8 PGA0001049	01/14/11	01/14/12	PROPERTY DAMAGE (Per accident)	1	
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	RETENTION \$						3	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	: T				X WC STATUL DTH-		
C	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	0830-42170	05/31/10	05/31/11	E.L. EACH ACCIDENT	<b>s</b>	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	[ ` ' '		ĺ		E.L. DISEASE - EA EMPLOYEE	s	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below		1	1		E.L. DISEASÉ - POLICY LIMIT	\$	1,000,000
Α	Professional Liabl		PGA0001049	03/20/11	03/20/12	Limi <b>ta</b>		\$1MII/\$3Mi
A	Abuse& Molestation		PGA0001049	03/20/11	03/20/12	Limite		\$1Mil/\$3Mi

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER		CANCELLATION
FOR INFORMATION PURPOSES ONLY	FORINFO	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
		AUTHORIZEO REPRESENTATIVE
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### STATEMENT OF INDEMNIFICATION AND WAIVER OF LIABILTY

To the City of Hallandale Beach: In consideration of the grant funds awarded to Care Resource (organization) named in this Waiver form for this program, the undersigned organization hereby knowingly, freely and voluntarily RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE THE CITY OF HALLANDALE BEACH, its officers, agents, employees and volunteers from any and all liability or claims which may be sustained by clients

or employees directly or indirectly in connection with or arising out of participation in this

program/project, whether caused in whole or in part by the negligence of Care Resource or otherwise.

The undersigned, on behalf of \_Care Resource, shall indemnify and save harmless the City of Hallandale Beach from and against all judgments, orders, decrees, attorney's fees, cost expense and liabilities arising from or out of such claim, investigation or defense thereof which may be entered, incurred or assessed against the City of Hallandale Beach as a result of the foregoing.

I, THE UNDERSIGNED, HAVE READ THIS DOCUMENT, FULLY UNDERSTAND ITS TERMS AND UNDERSTAND THAT ON BEHALF OF Care Resource DESCRIBED HEREIN, FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ANY AND ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IN ANY PORTION OF THIS DOCUMENT IS HELD TO BE INVALID THE BALANCE NOTWITHSTANDING,

FORCE AND EFFECT Print Name Rick Sickeri

i / Title:Chief Executive Officer

Signature Authorized Representative
Date 5-6-V

SHALL CONTINUE IN FULL LEGAL

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CHILDREN





# CITY OF HALLANDALE BEACH FY 2012 COMMUNITY BASED ORGANIZATIONS GRANT FUNDING

# GRANT APPLICATION COVER PAGE

Organization Name _Hallandale Food Pantry, Inc.
Mailing Address _220 SW 6 <sup>th</sup> Ave.
City/State/Zip Code Hallandale Beach, FL. 33009
Phone <u>954-455-0615</u> FaxE-mail
Name of Contact Person Paul B. Snow Title Director
Organization Information
Is the organization incorporated? Yes ⊠ No □ FEIN# 36-2167731
Does the organization have 501c(3) Tax Exemption Status? Yes ⊠ No □
If no, have you applied? Yes □ No □ If yes, provide a copy with your application.
If no, provide the name of the Fiscal Sponsor
Total # of Board Members 5 # of Staff 0 # of Volunteers 17
Does your organization carry Liability Insurance? Yes ⊠ No □ Amount
Proposal Information
Program/Project Name <u>Hallandale Food Pantry, Inc.</u>
Priority Area Addressed <u>Health &amp; Wellness</u> Age group <u>All</u> # to be served <u>35,000</u>
Annual Budget \$68,000 Amount of Request \$25,000 Total Project Cost \$68,000
Source of Current Funding: City of Hallandale Beach, Smith Foundation, Individual Donors
Has your organization received funding from the City before? Yes ⊠ No □
If yes, Amount Funded \$25,000 Year FY 2010/2011 # of Residents Served _24,000
Have you attended the city's Capacity Building Workshops conducted by Mr. Non Profit?  Yes ☑ No □
Give a brief summary of the Previous Project Funded: Emergency food distribution services to elderly, low income, single parent households, homeless and resident aliens of Hallandale Beach and the surrounding area.

48 Date 5/13/11

# CITY OF HALLANDALE BEACH FY 2012 COMMUNITY BASED ORGANIZATIONS GRANT FUNDING

### **GRANT APPLICATION**

### 1. ORGANIZATION BACKGROUND INFORMATION (no more than 1 page)

Give an overview of the Agency Mission, history and current programs/services.

The mission of the Hallandale Food Pantry, Inc. is to eradicate hunger as we know it; to give those in need a hand up by providing food, referrals and support.

Since 1991 the Hallandale Food Pantry has been much more than an emergency food distribution program. Although provisions of food to those in need are our primary objective, our clients have been able to rely upon us to also provide them with referrals to various Governmental Programs. We provide direct support in the procurement of food stamps by guiding clients through the application process and assisting them in securing letters of support. We are proud of the fact that we can assist our clients in four different languages; English, Spanish, Creole and French.

Our program is primarily used by five societal groups;

- Elderly
- Single Parents
- Resident Alien
- Low Income
- Homeless

Our current primary program is food distribution. The Hallandale Food Pantry distributes food every Thursday from 9:00 a.m. to 12:00 n. Client needs, under extreme circumstance, are met Friday through Sunday with special delivery of food as needed.

Our food distribution program is reviewed annually by the U.S.D.A. and is made possible through funding from the City of Hallandale Beach, Smith Foundation, numerous Churches and Synagogues and through strategic partnerships with Entenmann's, Gordon Food Service and Publix.

## 2. DESCRIPTION OF PROGRAM/PROJECT (no more than 2 pages)

### Give a general overview of the Program/Project.

The Hallandale Beach Food Pantry is an emergency food distribution program that supports area residents who are in need. We provide our clients, on a weekly basis, a package made up of over \$60.00 worth of food staples to make meals. In addition, our clients receive a produce package and baked goods. Our services and the products we provide are done so at no charge to our clients/community.

We address the City's Priority Area of Health & Wellness by ensuring the afore mentioned five societal groups receive the nutrition that they need to live a healthy life. Although we are located within a Church, we make it abundantly clear that we are ecumenical in nature. Our services are provided to all individuals without respect to race, religion, creed, color, ethnicity or other personal orientation.

We evaluate each individual/family on a case-by-case basis in private, with compassion and dignity. Assuring their information is kept strictly confidential. Our screening/application process is brief and includes important statistical data for our records. Once the screening/application process is completed and approved, and any referrals from other agencies are reviewed, the client signs the daily registration sheet to obtain their food package(s). They are given a monthly registration card allowing them access to services on a monthly basis.

Since 2009, the need for our services has increased dramatically. We are currently serving over 300 families on a weekly basis, compared to 11 families a week when we opened our doors 20 years ago. On average, 65-70% of those being served are residents of Hallandale Beach. We have barely been able to meet the growing need for our services and still maintain quality and quantity in our giving efforts.

There are numerous Churches and Synagogues that support us on a permanent and temporary basis, primarily through in-kind donations. We have a valued partnership with two large food providers; Entermann's and Gordon Food Service. Our largest financial supporter has always been the City of Hallandale Beach. Through the support provided by the City of Hallandale Beach Nonprofit Sustainability Initiative we are working on a strategic plan that will, in the long term, help us in diversifying our funding streams and funding opportunities.

Why the need for Food Pantry's in our community?

The most recent food insecurity statistics from Feeding America:

- 4.8 percent of all U.S. households (5.6 million households) accessed emergency food from a food pantry one or more times.
- 7.8 percent of seniors living alone (884,000 households) were food insecure.

# 2. DESCRIPTION OF PROGRAM/PROJECT (no more than 2 pages)

While anecdotal evidence of hunger and improper child nutrition is prevalent throughout Broward County, recent and accurate data regarding hunger and food insecurity is minimal. The anecdotal evidence points to a growing problem which is having a significant impact upon children. We do know that almost one-third (31%) of all households that are eligible for food stamps actually receive them, 44% of all students enrolled in Broward County elementary schools qualify for free and reduced lunches and that 15% of 56,873 of Broward's children live in poverty. Food pantries have confirmed that they now serve 100 percent more clientele than they did two years ago. Lack of income, low paying jobs, high utility bills, transportation problems, and disabilities were named as the top reasons. – Hunger Survey Report, Rence Podolsky, Director of Planning, Broward Regional Health Planning Council

These statistics underscore the growing need for the services provided by the Hallandale Food Pantry. Until such time that our economic conditions improve, we know we will continue to see more and more elderly, single parent families and homeless at our door.

Everything that is done today, and since 1991, is through the kindness and commitment of a core group of volunteers. The entire Hallandale Food Pantry "staff" is volunteer driven. There are three distinct volunteer crews that support the operations of the Pantry. One crew is available on Monday's for food deliveries. Another arrives on Wednesday to assist with packaging. Lastly, the distribution crew arrives every Thursday for the distribution of products and services to our clients. Because many of our clients are elderly or single parents with an infant, we have volunteers available to carry the package(s) to their vehicles.

# CITY OF HALLANDALE BEACH FY 2012 COMMUNITY BASED ORGANIZATIONS GRANT FUNDING

### **GRANT APPLICATION**

# 3. METHOD OR STRATEGY FOR IMPLEMENTATION (no more than 1 page)

Since its inception, The Hallandale Food Pantry has been located at the Haitian Methodist Church, 220 SW 6<sup>th</sup> Ave., Hallandale Beach, FL.

The specific activity that relates to achieving our goals is, at its core, the distribution of food. In addition, we are grateful that through our crew of some 17 volunteers we can assist clients in multiple languages as they sometimes struggle to correctly complete paperwork or require additional explanation regarding rules, regulations, process for other programs that could assist them in their time of need

The Hallandale Food Pantry has a five member Board of Directors consisting of four Hallandale Beach residents.

Our longtime partners have been the City of Hallandale Beach, the Haitian Methodist Church, Entenmann's, Publix and Gordon Food Service.

Food distribution services to our clients occur every Thursday from 9:00 a.m. to 12:00 n. Other days are spent prepping for distribution day, receiving and proper storing of food, shopping for food, and packaging of food. Food distribution can occur at anytime in the event of an urgent need.

Our volunteer driven methodology has worked very well over the years and functions seamlessly.

## 4. EVALUATION (no more than 1 page)

We currently do not have a formal evaluation process in place. We do however develop the type of relationship with our clients that encourage them to speak freely and candidly. Because of the level of pride that we each take in providing this service to our community, and ensuring the quality of the product(s) we provide, we have received nothing but grateful and rewarding feedback from our clients.

The Hallandale Food Pantry is monitored annually by the U.S.D.A.

We keep detailed records of our clients and capture information that includes average household income, gender, age and ethnicity. This data is captured manually and consolidated and entered into a database bi-annually.

We are working towards building our capacity by expanding the physical location of the Food Pantry to include a walk-in refrigerator. This single function alone, having the walk-in, would allow us to increase our service delivery by at least 25%. We are currently having to turn away larger donation opportunities because of the lack of refrigerated space.

# CITY OF HALLANDALE BEACH FY 2012 COMMUNITY BASED ORGANIZATIONS GRANT FUNDING

### **GRANT APPLICATION**

### 5. SUSTAINABILITY (no more than 1 page)

A cut in funding from our leading partner, the City of Hallandale Beach, would be critical to our ability to serve the number of families that we are currently serving. Especially in light of the growing number of families that visit us weekly. We would of course continue to offer services to as many people as possible given the cut backs that would need to occur. We would continue to seek out food donations and additional financial supporters.

Through the City of Hallandale Beach Nonprofit Sustainability Initiative, we are working with Mister Nonprofit Consultancy on a multi-year strategic plan that addresses fund diversification and board engagement. Once implemented, our goal is to minimize our current dependency on the City of Hallandale Beach.

We have sustained for twenty years and will continue to sustain ourselves as long as there is a need in the community for our services.

# CITY OF HALLANDALE BEACH FY 2012 COMMUNITY BASED ORGANIZATIONS GRANT FUNDING

## **GRANT APPLICATION**

6. BUDGET INFORMATION	Please fill in information as requested.
-----------------------	------------------------------------------

# PROPOSED PROJECT NAME: Hallandale Food Pantry

ITEM	GRANT REQUEST	OTHER GRANT FUNDS	INKIND	JUSTIFICATION
Personnel Cost	0			
Consultants	0			
Supplies	\$3,702.00			Paper, Ink, Sacks, Light bulbs, Maintenance
Equipment*	0			
Travel	\$2,400.00			Food transport expenses
Facility Rental/Fees	0			
Marketing	0			
Printing	\$311.20			Printing and Postage
Other (specify)	\$18,586.00	\$20,000.00	\$10,400.00	Mainly Food Purchase, Bug Extermination
TOTALS	\$24,999.20	\$20,000.00	\$10,400.00	TOTAL BUDGET:\$55,399.20

\* Equipment purchased over \$500 may become the property of the City of Hallandale Beach.

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CERTIFICATION	
I certify that the information contained in the Application,	including Budget and Attachments
(supporting materials) are true and correct to the best of m	ıy knowledge.
Paul B. Snow	Date 13/11
Signature of Authorized Representative	

Marin



DO 36 RIN 36-2167731

internal Revenue Service Machington, DG 20626

Council on Finance and Administ tion of the United Methodist Church and Its Affiliated Cryminations 1200 huris Street Evenator, Illinois 60201

Astention: 1. Buyen Brauner

Dear Applicant:

This refers to the information submitted for use in determining your status and the status of your affiliated religious organizations, on the list you submitted, as being exampt from Tederal income tex under section 501(a) (3) of the Internal Revenue Code.

For the purposes of this group ruling, your affiliated religious erganizations include The General Denference, Judicial Council; General Agencies, Genedesions, Counttons, their divisions and departments thereof, and, other related organizations; Jurisdictional Conferences and Affiliated Agencies, Genezations, and other organizations; Acutal Conferences and divisions and departments thereof; Agencies, Genezation; Agencies, Countries and Issai Church Agencies, Countered, and other affiliated organizations, Countered, and other affiliated organizations.

Resed on the information supplied, we rule that you and your affiliated religious organizations, on the list you submitted, are example from Federal income tax under section 301(s)(3) of the Code.

We have further determined that you and the affiliated religious erganizations you operate, supervise, or central, and which are covered by your notification to us, are not private foundations within the meaning of section 309(a) of the Gode, because you and your affiliated religious organizations are organizations described in sections 170(b)(1)(A)(i) and 309(a)(1) of the Gods.

## HALLANDALE FOOD PANTRY Inc.

## LIST OF BOARD MEMBERS;

Paul B. Snow---Director- 815 Nash St. Hallandale Fl. 33009

Eldene Webb---Secretary-P.O. Box 9567 Port St. Lucie, Fl 34985

Ida May Ulery-Reg. Agent Seventh Terrace, Hallandale fl. 33009

Edward Parker-Treasurer-S.W.10<sup>th</sup>.Ave. Hallandale Fl. 33009

Gerald G. Eddex-Asst.Director-720 N.W. 7<sup>Th</sup>. St. Hallandale Fl 33009

# State of Florida Department of State

I certify from the records of this office that THE HALLANDALE FOOD PANTRY INC. is a corporation organized under the laws of the State of Florida, filed on December 16, 2002.

The document number of this corporation is N02000009711.

I further certify that said corporation has paid all fees due this office through December 31, 2011, that its most recent annual report was filed on April 29, 2011, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of Florida, at Tallahassee, the Capital, this the Sixth day of May, 2011

Secretary of State



Authentication ID: 300207308073-050611-N02000009711

To authenticate this certificate visit the following site, enter this ID, and then follow the instructions displayed.

https://efile.sunbiz.org/certauthver.html

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Enclosures 2
Account Number 0054 8596 6751

Infinitellational and the state of the HALLANDALE FOOD PANTRY INC 815 NASH ST

HALLANDALE BEACH FL 33009-6150

Our Online Banking service allows you to check balances, track account activity and more. With Online Banking you can also view up to 18 months of this statement online.

Enroll at www.bankofamerica.com/smallbusiness.

# Customer Service Information www.bankofamerica.com

For additional information or service, you may call: 1.888.BUSINESS (1.888.287.4637)

Or you may write to:

Bank P.O.

Bank of America, N.A P.O. Box 25118 Tampa, FL 33622-5118

## **Deposit Accounts**

## **Business Economy Checking**

THE HALLANDALE FOOD PANTRY INC

### Your Account at a Glance

tocount Number 0054 8 Statement Period 04/01/11 through	596 6751 04/30/11	Statement Beginning Balance Amount of Deposits/Credits なみ分うらん Amount of Withdrawals/Debits	\$3,360.99
Jumber of Deposits/Credits	2	Amount of Withdrawals/Debits	\$3,767.47
lumber of Withdrawals/Debits	58	Statement Ending Balance	<b>\$44</b> 3.52
Jumber of Deposited Items	2		
Jumber of Days in Cycle	30	Average Ledger Balance Service Charge	\$1,903.81 \$5.00

ingratulations! You have had 24 qualifying Bank of America Small Business Check Card transaction(s) post to your account ring the previous monthly statement period. You have successfully achieved your target and the monthly maintenance fee on ur business checking account has been waived.

Thes is now 9 9 3443,52



# Bank of America

Bank of America, N.A. P.O. Boy 25118 Tampa, FL 33622-5118 Page 1 of 9 Statement Period 02/01/11 through 02/25/11 E0 P PE 0E 66 Enclosures 5

005 (9:

Account Number 0051 8506 6751

01075 001 SCM999

THE HALLANDALE FOOD PANTRY INC 815 NASH ST HALLANDALE BEACH FL 33009-6150

Our Online Banking service allows von to check balances, track account activity and more. With Online Banking you can also view up to 18 months of this statement online.

Euroff a' www.bankofamerica.com/smallbusiness

# Customer Service Information www.bankofamerica.com

For additional information or service, you may call: 1.888.BUSINESS (1.888.287.4637)

Or you may write to:

Bank of America, N.A.

P.O. Box 25118

Tampa, FL 33622-5118

## **Deposit Accounts**

## **Business Economy Checking**

THE HALLANDALE FOOD PANTRY INC

### Your Account at a Glance

atoment Period 02/0 umber of Deposits/Credits	0054 8596 6751 01/11 through 02/28/11	Statement Beginning Balance Amount of Deposits/Credits Amount of Withdrawals Debits	1	\$9,273.96 \$2,175.00 \$4,596.99
unber of Withdrawals, Deb	its 54	Statement Ending Balance		\$6,851.97
imber of Deposited Items	4			
umber of Days in Cycle	28	Average Ledger Balance Service Charge		\$8,002.86 \$5.00

nember, by using your Bank of America Small Business Check Card, Bank of America provides you with another way to avoid monthly maintenance fee on your business checking account.

Statement Period 12/01/10 through 12/01/10 through 12/01/10 EO P PE 0 E 66 0807.5 Enclosures 7 Account Number 0051 8596 6751

THE HALLANDALE FOOD PANTRY INC 815 NASH ST HALLANDALE BEACH FL 33009-6150

Our Online Banking service allows you to check balances, track account activity and more. With Online Banking you can also view up to 18 months of this statement online.

Enroll at www.bankofamerica.com/snallbusiness.

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For additional information or service, you may call: 1.888.BUSINESS (1.888.287.4637)

Or you may write to:

Bank of America, N.A. P.O. Box 25118

Tampa, FL 33622-5118

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Deposit Accounts

## **Business Economy Checking**

THE HALLANDALE FOOD PANTRY INC

### Your Account at a Glance

Account Number Statement Period 12/01/1 Jumber of Deposits/Credits Jumber of Withdrawals/Debits	0054 8596,6751 0 through 12/31/10 5 63	Statement Beginning Balance Amount of Deposits/Credits Amount of Withdrawals/Debits Statement Ending Balance	ı <b>l</b> -	\$15,509.67 \$2,321.00 \$5,205.47 \$12,625.20
Number of Deposited Items Number of Days in Cycle	9 31	Average Ledger Balance Service Charge		\$14,255.00 \$5.00

member, by using your Bank of America Small Business Check Card. Bank of America provides you with another way to avoid a monthly maintenance fee on your business checking account.

Ilp avoid occasional Overdraft & NSF: Returned Item fees. Set up Alerts to get messages by email or text when your balance is w. Use Overdraft Protection to transfer available funds from linked savings, credit card, or credit line to your checking account to lp cover items that would overdraw your account. Call us for details



# Bethlehem Lutheran Church

214 W. Hallandale Beach Blvd. • Post Office Box 338 Hallandale, Florida 33008-0338

> The Reverend David O. Guss, Pastor Church Office: (954) 454-2954

May 5, 2011

City of Hallandale Beach 400 S. Federal Hwy., Hallandale Beach, Fl. 33009

To Whom it May Concern,

This is to inform you that Bethlehem Lutheran Church members have supported the Hallandale Food Bank for 20 years and we are so thankful for Paul Snow who has given so much to the Food Bank. Not only has he given his time but I know he has also given money to support this worthy cause.

If I can help in any way please call the church office.

Sincerely.

Bettie Sapienza

Church Council Member

Better Sapung -



220 S.W. 6th Avenue • Hallandale, Florida 33009 458-2030

May 9, 2011

City of Hallandale

To Whom It May Concern:

Paul Snow Director of Hallandale Food Pantry I have know, for the past seven (7) years he is a very hard worker with a positive work ethics. I have been impressed by his reliability, strength of character and discipline in the Hallandale Community. Mr Snow provided food for the Hallandale Community weekly. Hallandale Christian School are always involved in the Pantry Food Drive.

Thank your

Catherine Ralliford

Director

Edward W. Smith Jr. Foundation Jack Appel, John Carter, Martin Lea. Truccaer 2790 N W Boca Raton Blvd. Sume 207 Boca Raton, FL 33431 Telephone 361-750-7676

Databer 20, 2010

Mr. Paul Snew Hallandale Food Pantry @United Methodist Haltian Mission 220 S W 6<sup>th</sup> Avenue Hallandale Beach, FL 33009

Dear Paul:

We are pleased to enclose a check of \$5,000.00 as a contribution to your organization from the Edward W.Smith Jr. Foundation created by the late Edward W. Smith Jr.

Mr. Smith was very concerned with the well being of the homeless in Broward County and directed the trustees to contribute to those organizations that devote their efforts in feeding needy people.

We are very pleased with the good work that you are doing in these difficult economic times.

This contribution is a one-time gift and is not to be considered an annual event.

Sincerely yours.

Trustee

### STATEMENT OF INDEMNIFICATION AND WAIVER OF LIABILTY

To the City of Hallandale Beach: In consideration of the grant funds awarded to The Hallandale Food Pantry Inc., (organization) named in this Waiver form for this program, the undersigned organization hereby knowingly, freely and voluntarily RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE THE CITY OF HALLANDALE BEACH, its officers, agents, employees and volunteers from any and all liability or claims which may be sustained by clients or employees directly or indirectly in connection with or arising out of participation in this program/project, whether caused in whole or in part by the negligence of the The Hallandale Beach Food Pantry (organization) or otherwise.

The undersigned, on behalf of The Hallandale Food Pantry (organization), shall indemnify and save harmless the City of Hallandale Beach from and against all judgments, orders, decrees, attorney's fees, cost expense and liabilities arising from or out of such claim, investigation or defense thereof which may be entered, incurred or assessed against the City of Hallandale Beach as a result of the foregoing.

I, THE UNDERSIGNED, HAVE READ THIS DOCUMENT, FULLY UNDERSTAND ITS TERMS AND UNDERSTAND THAT ON BEHALF OF The Hallandaie Food Pantry (ORGANIZATION) DESCRIBED HEREIN, FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ANY AND ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IN ANY PORTION OF THIS DOCUMENT IS HELD TO BE INVALID THE BALANCE NOTWITHSTANDING, SHALL CONTINUE IN FULL LEGAL FORCE AND EFFECT.

Print Name Paul B. SHOW Title Di Reczor

Signature Authorized Representative

Date

Title Hallandale Food Party

# CITY OF HALLANDALE BEACH FY 2012 AIMUNITY BASED ODG ANIZATIONS

# COMMUNITY BASED ORGANIZATIONS GRANT FUNDING

### GRANT APPLICATION

### APPLICATION CHECKLIST

Please initial below as confirmation that each of the required documents has been submitted with the Application for review.

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**COVER PAGE** 

APPLICATION CHECKLIST

Copy of Organization Non-Profit Status Letter from IRS

List of Board Members, Director/Agency Head, Titles and Addresses

Evidence of Incorporation for State of Florida (www.sunbiz.org)

Evidence of Financial Soundness (990 form) or documentation from a Financial Institution showing three (3) months of operating expenses

Letters of Support for the project (limit to three (3))

Memorandum of Understanding/s if partnering with any organization/s

**Key Staff Resumes** 

Copy of the organization's Certificate of Insurance and/or a Letter of Indemnity (holding the City of Hallandale Beach harmless)

# CITY OF HALLANDALE BEACH FY 2012 COMMUNITY BASED ORGANIZATIONS GRANT FUNDING

# GRANT APPLICATION COVER PAGE

Organization Name Feeding South Florida
Mailing Address 2501 SW 32 Terrace
City/State/Zip Code Pembroke Park, FL 33023
apennant@ Phone 954-518-1832 Fax 954-983-1313 E-mail feedingsouthflorida.org
Name of Contact Person <u>Anthea Pennant</u> Title <u>Dir. of Development</u>
Organization Information
Is the organization incorporated? Yes X No   FEIN# 59-2097520
Does the organization have 501c(3) Tax Exemption Status? Yes X No □
If no, have you applied? Yes $\square$ No $\square$ If yes, provide a copy with your application.
If no, provide the name of the Fiscal Sponsor
Total # of Board Members 19 # of Staff 86 # of Volunteers 14,000
Does your organization carry Liability Insurance? Yes X No □ Amount \$3 Million
Proposal Information
Program/Project Name <u>Hallandale Elementary BackPack &amp; Kids Count Programs</u> Health & Wellness
Priority Area Addressed <u>&amp; Education</u> Age group <u>5 – 11 yrs.</u> # to be served <u>1,140</u>
Annual Budget \$7,925,224 Amount of Request \$ 37,500 Total Project Cost \$105,180
Source of Current Funding New project, Not applicable
Has your organization received funding from the City before? Yes □ No X
If yes, Amount Funded \$ Year # of Residents Served
Have you attended the city's Capacity Building Workshops conducted by Mr. Non Profit?  Yes □ No X
Give a brief summary of the Previous Project Funded. N/A
Authorized Signature of Organization Representative Date <u>5/9/2011</u>

# CITY OF HALLANDALE BEACH FY 2012 COMMUNITY BASED ORGANIZATIONS GRANT FUNDING

### **GRANT APPLICATION**

### APPLICATION CHECKLIST

Please initial below as confirmation that each of the required documents has been submitted with the Application for review.

Jung .	COVER PAGE
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THE	Key Staff Resumes
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#### **GRANT APPLICATION**

## 1. ORGANIZATION BACKGROUND INFORMATION (no more than 1 page)

Feeding South Florida, a not-for-profit organization, empowers other not-for-profit organizations to assist people in need and improve their lives. We do this by providing food and other grocery products; and by educating and engaging our community to fight hunger and poverty.

In May 1980, a group of people of diverse faiths and backgrounds adopted the concept of food banking that was being practiced successfully in other states. On February 17, 1981, Feeding South Florida (formerly Daily Bread Food Bank) was incorporated as a Florida not-for-profit organization with a mission to solve two major problems in South Florida: people going hungry in our community and wasted food. The following year, the food bank began distributing food from a warehouse in Miami, and by mid-year was distributing 36,000 pounds of food a month.

Feeding South Florida is now the leading hunger-relief organization in South Florida operating with a high standard of integrity and the expertise gained through a 30 year history soliciting, warehousing, transporting, and distributing over 349 million pounds of food and grocery products to the community. Our infrastructure of three distribution centers, 29 trucks, and staff of 86 enabled us to distribute 24.3 million pounds of food to more than 936,000 food insecure South Floridians last year through a network of 800 member agencies.

With the help of our donors Feeding South Florida supports the work of its member agencies through a variety of food distribution programs:

- After-school Snack program provides snacks during the school year for 5,500 low income, atrisk children.
- BackPack program provides nutritious, easy-to-prepare food to over 1,200 children who are atrisk and hungry to take home on weekends when they don't have access to meals at school.
- Extra Helpings program captures surplus prepared food that would normally be discarded and channels it back through our network of soup kitchens to needy people in the community.
- Mobile Food Pantry program brings trucks filled with nutritious, fresh produce and bread into underserved communities impacting approximately 90,000 individuals annually.
- BackPack Program program helps alleviate child hunger by providing a more readily accessible source of food assistance to low-income children and their families at-risk of hunger.
- Store Donation program works with grocery partners to schedule regular location visits to pick up unmarketable products, still in good condition, that would ordinarily go to waste.

Consistent with its goal to assist people in need and improve their lives, Feeding South Florida also provides other services such as:

- Food Referral Program providing callers seeking food assistance with the names, addresses, and hours of operation for member agencies in our network located in or near the caller's zip code.
- Kids Count Teacher's Store supports 147 teachers at four Title I schools by providing them materials and supplies free of charge once a semester impacting 1,545 children.
- SNAP Center, open to the public providing computers, copiers, fax machines, telephones, and personalized assistance, allowing individuals to apply for food stamps at the food bank.

#### **GRANT APPLICATION**

## 2. DESCRIPTION OF PROGRAM/PROJECT (no more than 2 pages)

THE BACKPACK PROGRAM was developed to alleviate childhood hunger by addressing the lack of food resources on weekends and holidays for children who, during the week have access to school breakfast and lunch but, on the weekends have little to no access to food. These children usually return to school on Monday mornings too lethargic to learn. To combat this problem, Feeding South Florida partners with select agencies to distribute backpacks filled with nutritious, healthy, easy-to-prepare foods for these children to take home on weekends. Feeding South Florida uses donated food, such as fresh fruit and vegetables, canned soups, vegetables, and fruit; beans, rice, macaroni & cheese, pudding, and fruit bars, to fill the backpacks. However, sometimes it is not possible to put together a nutritionally sound menu of food for the children from what has been donated. In those instances, Feeding South Florida purchases staple items such as shelf-stable milk, peanut butter, and tuna, to ensure the nutritional quality of the food being distributed to the children. Feeding South Florida currently operates ten BackPack programs across three counties serving 1,240 children weekly.

THE KIDS COUNT TEACHER'S STORE PROGRAM is another great addition to Feeding South Florida's efforts in fighting hunger and poverty. Kids Count supports educators and children by providing teaching materials and supplies free of charge to teachers at Title I schools. On April 15, 2010, the Kids Count teachers' store at Feeding South Florida had its grand opening with 28 teachers from an elementary school in Broward County. The program now serves 147 teachers impacting a total of 1,545 students at four schools. Once a semester, teachers may fill a shopping cart with the supplies they need for their classroom. In an effort to create a more sustained impact with our BackPack programs, funding permitting, we have now made it a practice to invite teachers at schools where we have BackPack programs to come and shop in our Kids Count teachers' store.

According to Feeding America, the nation's leading domestic hunger-relief charity, there are approximately 95,703 children in Broward County who experience food insecurity at some time throughout the year. Food insecurity is the lack of consistent access to a nutritious, well-balanced diet. In considering where to locate a BackPack program, *Feeding South Florida* identifies groups of children in areas with the greatest need. The City of Hallandale Beach has a poverty rate of approximately 16.8 percent and an unemployment rate of 10.2 percent. Each of the three schools located within the city is classified as a Title I school with a high percentage of low-income families. Ninety-one percent of the students at Hallandale Elementary receive either free or reduced price meals at the school.

The Hallandale Elementary BackPack & Kids Count Programs will address the City of Hallandale's Health & Wellness and Education priority areas. The BackPack program will combat hunger for 100 children most at-risk at Hallandale Elementary by ensuring that they have enough food to eat on the weekends. By providing supplies to teachers free of charge for use in their classrooms, the Kids Count program will support the educational achievement of ALL the children at Hallandale Elementary by making it easier for the teachers to do their jobs and providing students with proper supplies to assist in learning.

#### **GRANT APPLICATION**

With the exception of one program in Broward County which serves an entire school, each BackPack program provides 100 children each with a backpack containing approximately 12 pounds of food every week for an entire year. Our goal is for the BackPack program at Hallandale Elementary to sustain 100 low-income, at-risk children (and often other family members) for a year by distributing approximately 60,000 pounds of life-saving food. Participants in the BackPack program will benefit from improved nutrition, leading to increased physical energy and mental clarity. These children will no longer suffer from lack of sufficient, nutritious food simply because they are not at school where they are able to take advantage of school meal programs. There is never a cost to receive food from Feeding South Florida.

The Kids Count program will be available to all 75 members of the instructional staff at Hallandale Elementary, in addition to the principal and assistant principal. Each teacher is allowed to shop for free twice a year (once each semester) for school supplies and fill a shopping cart with as much as it can hold. The average teacher takes 80 pounds of supplies at each visit. Our goal is for the Kids Count program to provide over 10,000 pounds of supplies over the course of a year to benefit the teachers and students at Hallandale Elementary. At an average cost per pound of \$3.41, that is a total cost savings to the Hallandale Elementary community of approximately \$34,100.

The community will benefit from a reduction in the social ills attributable to childhood hunger, such as poor health and lower academic achievement, which ultimately costs the public in terms of higher healthcare costs and an ill-prepared workforce. Hungry children are sick more often and, as they are likely also poor and lacking in access to proper medical care, are in worse shape requiring more extensive and costly treatment when they inevitably arrive at the County's public health facilities. The nutritional deficiencies caused by hunger blunt the learning capabilities of these atrisk children, resulting in a tremendous loss of human potential. The BackPack program addresses the nutritional deficits of 100 of the most at-risk children at Hallandale Elementary.

Even properly fed students are at a disadvantage educationally if their schools are poorly equipped with the materials and supplies to support successful instruction and learning. Poorly educated youth are not adequately prepared for higher education or to enter the workforce, causing colleges and employers to have to expend money on remedial training. Now, more than ever, we need our children to be proficient in science, technology, engineering, and mathematics in order to compete effectively in the 21<sup>st</sup> Century. By providing teachers with the necessary supplies with which to facilitate learning, the students at Hallandale Elementary will have a greater opportunity to do well in school.

Feeding South Florida will be partnering with one of our nearby agencies to assist in the administration of the BackPack program at Hallandale Elementary. This agency will receive the food, and their volunteers will pack the backpacks according to a menu supplied by Feeding South Florida and deliver them to the school for distribution to the children on Fridays.

#### **GRANT APPLICATION**

## 3. METHOD OR STRATEGY FOR IMPLEMENTATION (no more than 1 page)

Edward Castillo, Director of Agency Relations retains overall responsibility for the Hallandale Elementary BackPack & Kids Count Programs. The BackPack program will be administered by Alex Rendon, Program Manager, and he will be assisted by a Program Monitor, two warehouse assistants, and a driver who are all based out of Feeding South Florida's headquarters and main warehouse facility located at 2501 SW 32 Terrace, Pembroke Park, FL 33023. Feeding South Florida's hours of operation are Monday through Friday from 8:00 am to 4:30 pm; we close for lunch between noon and 1:00 pm. Staff and volunteers of our agency partner will pack and deliver the backpacks each week for 100 children at Hallandale Elementary located at 900 SW 8th Street, Hallandale 33009.

To achieve the goal of sustaining 100 low-income, at-risk children for a year by distributing approximately 60,000 pounds of food it will be necessary to:

- Identify points of contact for the BackPack Program project at the agency partner and at Hallandale Elementary.
- Select 100 students to participate in the BackPack program and notify their parents that their child has been selected to participate in the BackPack Program program at no cost to them.
- Choose a start date for the program and plan launch activities.
- Schedule delivery of food to the agency partner the day before backpacks are to be handed out so that volunteers may pack them according to a menu provided by Feeding South Florida.
- Keep records of the amount of pounds of food received by the agency partner and distributed in backpacks to children at the school.
- Solicit feedback from the parents of program participants about the BackPack Program.

The Agency Relations Coordinator will schedule appointments for teachers to come to the Kids Count teachers' store and record the amount of pounds of supplies they receive. The Kids Count teachers' store is also located at *Feeding South Florida*'s headquarters and main warehouse facility. Teachers are permitted to shop between the hours of 2:30pm and 4:00pm Monday through Friday (except the last workday of the month) and are requested to call ahead to schedule a half-hour appointment to shop. To achieve the goal of providing over 10,000 pounds of supplies over the course of a year to benefit the teachers and students at Hallandale Elementary we will need to:

- Obtain the names of the 75 instructional staff members and the principal and assistant principal at Hallandale Elementary and set each of them up in our Navision software.
- Choose a start date for the program and plan launch activities to include a tour of our facility. At this time, each teacher will be given a "goody" bag of supplies.
- Keep records of the amount of pounds of supplies distributed to the teachers.

If Feeding South Florida is fortunate to have these projects funded, both can be implemented within four to eight weeks, provided the necessary points of contact and participants have been identified and set up in our Navision software as required.

#### **GRANT APPLICATION**

## 4. EVALUATION (no more than 1 page)

The success of the BackPack program will be defined and measured both quantitatively and qualitatively. Pounds of food and grocery products distributed and number of recipients will be recorded and tracked to ensure that we are meeting our goals. Surveys will be sent home to parents of program participants once each semester to assess the level of satisfaction with the BackPack program and determine if there are any issues which need to be addressed and improved.

Each BackPack program agency partner and participating Kids Count school is set up in our food bank software application, Navision, with a unique number with a special prefix. This enables us to easily identify them as participating in a particular program and to track the number of pounds of product Feeding South Florida distributes to them. We will be able to generate reports in Navision showing the total amount pounds of food and grocery distributed to children at Hallandale Elementary. Similarly this software will allow us to track the total amount of pounds of teaching materials and supplies distributed to the teachers at Hallandale Elementary. We will use these reports to evaluate our progress towards our goals of distributing 60,000 pounds of food and grocery products to 100 students through the BackPack program and over 10,000 pounds of educational supplies to the teachers at Hallandale Elementary in a year.

#### **GRANT APPLICATION**

#### 5. SUSTAINABILITY (no more than 1 page)

If Feeding South Florida receives 50 percent of the amount we are requesting, we may choose to launch both the BackPack program and Kids Count program at Hallandale Elementary and continue to seek additional funding to ensure that the BackPack program can continue for an entire year. Another alternative, would be to implement the Kids Count program only for two years. If no funding is awarded, we may still invite Hallandale Elementary to participate in our Kids Count program, however, it would not be possible for us to implement a BackPack program there without it being funded. At present, Feeding South Florida has not submitted a request for funding for this project to any other source, nor have we received funding, or a commitment for funding.

Feeding South Florida is continually seeking to build partnerships with community stakeholders and donors to be able to both sustain and expand our programs. We intend to continue building on our relationships with local school boards to promote the BackPack program and identify potential new sites.

Each BackPack program site is a modular and scalable configuration: 100 children receiving a backpack of easily prepared, nutritious food, each week for a year. Funders can opt to fund one or more sites, to increase the number of children served at a site in increments of 100 (or serve all the eligible participants!), or extend their support over many years. As such, the program is easily promoted to funders who can readily buy-in to the concept of attacking the problem of child hunger in such a focused, yet flexible, effective, and well-received manner.

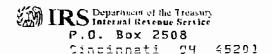
### **GRANT APPLICATION**

6. BUDGET INFORMATION	Please fill in information as requested.
-----------------------	------------------------------------------

## PROPOSED PROJECT NAME: Hallandale Elementary BackPack & Kids Count Pgms.

ITEM	GRANT REQUEST	OTHER GRANT FUNDS	INKIND	JUSTIFICATION
Personnel Cost	6,900			\$5,400 for BackPack Pgm Mgr.; \$1,500 for Kids Count Coord.
Consultants				
Supplies	800			Backpacks & replacement backpacks - 250 @ \$3.20 each.
Equipment*				
Travel				
Facility Rental/Fees				
Marketing				
Printing				
Other (specify) Food	29,800		67,680	Approx. \$5.73 cost of food per backpack (100 x \$5.73 x 52)
TOTALS	37,500		67,680	TOTAL BUDGET: \$105,180

* Equipment purchased over 5500 may become the	ne property of the City of Hanandale Beach.
CERTIFICAT	TION
I certify that the information contained in the App (supporting materials) are true and correct to the	, = 5
	May 9, 2011
Signature of Authorized Representative	Date
Executive Director	
Title	



In reply refer to: 0248326132 Nav. 23, 2009 LTR 4168C E0 59-2097520 000000 00

00014539

BODC: TE

FEEDING SOUTH FLORIDA INC 5850 NW 32ND AVE MIAMI FL 35142-2117

1185

Employer Identification Number: 59-2097520
Person to Contact: John Kennedy
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Nov. 12, 2009, request for information regarding your tax-exempt status.

Our records indicate that your organization was recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in July 1981.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Beginning with the organization's sixth taxable year and all succeeding years, it must meet one of the public support tests under section 170(b)(1)(A)(vi) or section 509(a)(2) as reported on Schedule A of the Form 990. If your organization does not meet the public support test for two consecutive years, it is required to file Form 990-PF, Return of Private Foundation, for the second tax year that the organization failed to meet the support test and will be reclassified as a private foundation.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

#### 2011 Board List

#### Feeding South Florida

2501 SW 32 Terrace Pembroke Park, FL 33023 Judith Gatti – Executive Director

#### Michael R. Adair

Adair & Associates, P.A. President Trade Center South 1280 SW 36<sup>th</sup> Ave, Suite 200 Pompano Beach, FL 33069 Phone: 954-974-7737

Fax: 954-974-7727

Email: michael@adaircpa.com

#### Dr. William Barkins

Endodontic Specialty Group, PA Endodontist 1 SW 129<sup>th</sup> Ave, Suite 402 Pembroke Pines, FL 33027 Phone: 954-438-4282

Fax: 954-442-6511 Email: bbbark@aol.com

#### Jennifer Behar

Jennifer's Homemade 1231 Algardi Ave Coral Gables, FL 33146 Phone: 305-668-6185

Fax: 305-666-0806

Email: jennifer@jennifershomemade.com

#### Diana Brooks

VS Brooks Co-Founder, Managing Partner Director of Client Services 255 Alhambra Cir, #835 Coral Gables, FL 33134 Phone: 305-443-3500 Ext. 23

Fax: 305-443-3381

Email: dbrooks@vsbrooks.com

#### Scott Cohen

10742 Denver Drive Cooper City, FL 33026 Cell: 954-558-4168 Home: 954-431-6023

Work: 954-429-2190 Fax: 954-429-2278

Email: denverdr@aol.com

#### **Bob DeFriest**

Keptman Properties 713 NE 2<sup>nd</sup> St. Pompano Beach, FL 33060 Phone: 954.621.6341

Phone: 934.021.0341

Email: keptmanl@mac.com

#### Jerry Gamez

Walmart Stores, Inc. 4425 45th Street West Palm Beach, FL 33416 Phone: 772-468-8969

Phone: 772-468-8969 Fax: 772-468-4995

Email: Jerry.Gamez@wal-mart.com

#### Benny J. Gonzalez

JPMorgan Chase Bank, NA 2 S. Biscayne Blvd. Floor 22 Miami, Florida 33131-1806

Phone: 305-579-9621 Fax: 305-742-0412 Cell: 305-607-8486

Email: Benny.Gonzalez@Chase.com

#### Susan R. Hantman

Susan R. Hantman, CPA Owner

11900 Biscayne Blvd., Suite 501

Miami, FL 33181 Phone: 305-891-7677 Fax: 305-891-7998

Email: srhantman@aol.com

#### Dale Holness

County Commissioner Broward County Governmental Center 115 S. Andrews Ave Fort Lauderdale, FL 33301 Phone: 1-954-357-7009

Phone: 1-954-357-7009 Fax: 1-954-357-5707

Email:

#### 2011 Board List

#### Maria Millares

Millares & Company President 500 S. Dixie Hwy, Suite 201 Coral Gables, FL 33146 Phone: 305-662-9649

Fax: 305-666-9549

Email: mariamillares@millares.net

#### Alison Miller

Stearns Weaver Miller Weissler Alhadeff & Sitterson

Museum Tower

150 West Flagler Street, Suite 2200

Miami, FL 33130 Phone: 305-789-3200 Fax: 305-789-3395

Email: amiller@swmwas.com

#### Lou Nostro

Shutts & Bowen LLP 201 S. Biscayne Blvd., Suite 1500

Miami, FL 33131 Phone: 305-358-6300 Email: Inostro@shutts.com

#### Orlando Roche

Lydian Bank & Trust 3399 Ponce de Leon Blvd Coral Gables, Fl 33134 Phone: 305-441-5310

Fax: 305-444-0939

Email: oroche@lydian.com

#### **Honorary Board Members:**

#### Kirk Landon

The Kirk Foundation. Inc. President 255 Alhambra Circle, Suite 820 Coral Gables, FL 33134

Phone: 305-442-1118

Email: kirklandon@assurant.com

#### A.D. Moore

Miami Dade County Government (Retired) 549 NW 50<sup>th</sup> St Miami, FL 33127

Phone: 305-758-2893 Cell: 305-282-5795

#### Van Myers

2530 Columbus Blvd. Coral Gables, FL 33134 Phone: 305-445-3902

Secondary Phone: 305-443-7086

#### Lee Brian Schrager

Southern Wine & Spirits of America, Inc. and South Beach Wine and Food Festival

1605-B N.W. 159th Street Miami, FL 33169- 5653

Phone: 305-625-4171 Ext. 1040

Email: LeeSchrager@southernwine.com

#### Chef Allen Susser

Chef Allen's Restaurant Owner 19088 NE 29<sup>th</sup> Ave Aventura, FL 33180

Phone: 305-935-2900

Email: chef@chefallens.com

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### Florida Non Profit Corporation

FEEDING SOUTH FLORIDA, INC.

## Filing Information

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FEVEIN Number

592097520

**Date Filed** 

02/17/1981

State

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**Status** 

ACTIVE

Last Event

NAME CHANGE AMENDMENT

**Event Date Filed** 

09/25/2009

**Event Effective Date NONE** 

## Principal Address

**2501 SW 32 TERRACE** PEMBROKE PARK FL 33023

Changed 01/27/2010

## **Mailing Address**

**2501 SW 32 TERRACE** PEMBROKE PARK FL 33023

Changed 01/27/2010

## Registered Agent Name & Address

GATTI, JUDITH **2501 SW 32 TERRACE** PEMBROKE PARK FL 33023 US

Name Changed. 10/16/2003

Address Changed: 01/05/2011

## Officer/Director Detail

#### Name & Address

Title VP

ROCHE, ORLANDO **2501 SW 32 TERRACE PEMBROKE PARK FL 33023** 

Title VP

HANTMAN, SUSAN **2501 SW 32 TERRACE** PEMBROKE PARK FL 33023

Title VP

NOSTRO, LOU 2501 SW 32 TERRACE PEMBROKE PARK FL 33023

Title P

MILLARES, MARIA 2501 SW 32 TERRACE PEMBROKE PARK FL 33023

Title ED

GATTI, JUDITH **2501 SW 32 TERRACE** PEMBROKE PARK FL 33023

## **Annual Reports**

#### Report Year Filed Date

2009 09/25/2009 **2D10** 01/27/2010 2011 01/05/2011

### Document Images

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07/25/2000 ANNUAL REPORT	Control of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the Particle of the
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**Note:** This is not official record. See documents if question or conflict.

## form **990**

Department of the Treasury reternal Revenue Service

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

2009
Open to Public Inspection

<u> </u>	For th	e <b>2009</b> calendar year, or tax year beginning ப்பட்ட, 2009 and ending	<u>, J</u> UN 30, 2010	•
В	Check if applicat	FEEDING SOUTH FLORIDA, INC.	D Employer identif	ication number
	Aodre			
<u> </u>	Name Enang Initial	Doing Business As	<del></del>	097520
l <u></u> .	return iermi aled	Number and street (or P.U. box if mail is not delivered to street address)   Room/s		ar -633−9861
Ĺ	Amer	City or town, state or country, and ZIP + 4	G Gross receipts \$	36753257.
	Appli		H(a) Is this a group r	eturn
	pend	F Name and address of principal officer: JUDITH GATTI	for affiliates?	Yes X No
		2501 SW 32ND TERRACE, PEMBROKE PINES, FL	33 H(b) Are all affiliates in	
$\overline{}$	Tayay	empt status: 🗶 501(c) ( 3		list. (see instructions)
		ite: WWW.FEEDINGSOUTHFLORIDA.ORG	H(c) Group exemption	
		·		M State of legal domicile FL
	art 1	Summary	real Orioinadon, TOCT	M State of legar butticke P 11
		Briefly describe the organization's mission or most significant activities: FOOD PRO	COM TO PPPD	THE WINCOV
& Governance	1	Briefly describe the organization's mission or most significant activities: FOOD FIXE	GRAM TO FEED	THE HUNGKI.
'nar	2	Check this box I if the organization discontinued its operations or disposed of its	mare than 25% of its net a	ceate
ÝĢ	3	Number of voting members of the governing body (Part VI, line 1a)	3	13
යි	4	Number of independent voting members of the governing body (Part VI, the 1b)		13
ž	5	Total number of employees (Part V, line 2a)	5	14472
Activities	6	Total number of volunteers (estimate if necessary)	6	14472
Ą		Total gross unrelated business revenue from Part VIII. column (C), line 12	7a	- 0.
	Ь	Net unrelated business taxable income from Form 990-T, line 34		<del> </del>
		Contributions and grants (Part VIII. line 1h)	Prior Year	Current Year
Revenue	8	, , , , , , , , , , , , , , , , , , , ,	31332894.	<u>34727650.</u>
	9	Program service revenue (Part VIII, line 2g)	1729138.	1212227.
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	30063.	49029.
_	11	Other revenue (Part VIII. column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4372.	78073.
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	33096467.	36066979.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1 3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
es.	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2586246.	2755681.
Expenses	16 a	Professional fundraising fees (Part IX, column (A), line 11e)		9514.
ğ	Ь	Total fundraising expenses (Part IX, column (D), line 25)  420264.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	30148789.	32979400.
	18	Total expenses Add lines 13-17 (must equal Part IX. column (A), line 25)	32735035.	35744595.
	19	Revenue less expenses. Subtract line 18 from line 12	361432.	322384.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	6520857.	6873876.
ASB	21	Total liabilities (Part X, line 26)	600759.	520608.
<u> </u>	22	Net assets or fund balances, Subtract line 21 from line 20	5920098.	6353268.
P	art II	Signature Block		
		Under penalties of perjuly, I declare that I have examined this return, including accompanying schedules and statem and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		ige and behal, it is true, correct.
		and complete posturated or displace to the property of the same and a same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the		
Sig	n			
Her		Signature of officer	Date	
		■ JUDITH GATTI, EXECUTIVE DIRECTOR		
		Type or print name and title		
		Preparer s Date	1 - 1	rer's identifying number istructions.)
Paid		signature	self- employed > [see w	
	parer's	I'''''''''''''''''''''''''''''''''''''	S EIN >	
USE	Only	self-employed) 6550 N FEDERAL HIGHWAY, SUITE 410		_
		PT. LAUDERDALE, FL 33308	Phone no. ► 9	54-771-0896
May	y the II	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

Pa	art III Statement of Program Service Accomplishments	
1	Bnefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION	
	FEEDING SOUTH FLORIDA, A NOT-FOR-PROFIT ORGANIZATION, EMPOWERS	
	SOUTH FLORIDA NOT-FOR-PROFIT ORGANIZATIONS TO FEED NEEDY PEOPLE	
	IMPROVE THEIR LIVES. WE DO THIS BY PROVIDING FOOD AND OTHER GRO	CERY
	PRODUCTS; AND BY EDUCATING AND ENGAGING OUR COMMUNITY TO FIGHT	HUNGER
2	Did the organization undertake any significant program services during the year which were not tisted on	
	the pnor Form 990 or 990-EZ?	X Yes No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes." describe these changes on Schedule O.	
4	Describe the exempt purpose achievements for each of the organization sithree largest program services by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	/ /=: F = : : : : : : : : : : : : : : : : :	1201460.
	FOOD PROGRAM TO FEED THE HUNGRY THROUGH THE PROCUREMENT AND	
	DISTRIBUTION OF SALVAGEABLE AND SURPLUS FOOD AND TO OPERATE AND	•
	MAINTAIN FOOD BANK WAREHOUDE FACILITIES.	
4b	(Code: ) (Expenses \$ 179477. including grants of \$ ) (Revenue \$	88840.)
	RECLAMATION CENTER	
	3	
	- ( And ) / Apple )	
	· · · · · · · · · · · · · · · · · · ·	
	<u> </u>	
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ►\$ 34434459.	
		Form 990 (2009)

Part IV Checklist of Required Schedules

	<del></del>		Yes	No
1	Is the organization described in section 501/c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B. Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Scheoule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes." complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If Yes, "complete Schedule D. Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space.			Ţ
	the environment, historic land areas, or historic structures? If "Yes." complete Schedule D. Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21: serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	Х	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11	_X_	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	1 '		
	Part VI.			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments - program related in Part X, time 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Parl X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D. Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes." complete Schedule D. Part X.	1		
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under Fin 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		**	
	Schedule D, Parts XI, XII, and XIII.	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No			
	If "Yes," completing Schedule D. Parts XI, XII. and XIII is optional	<del>  -</del>		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	446		x
	and program service activities outside the United States? If "Yes," complete Schedule F. Part I	14b		<b>⊢</b> ≏
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			х
46	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		-
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	ا ہم		X
47	located outside the United States? If "Yes," complete Schedule F, Part III	16		
17	ashume (A) times C and \$1 a 2 tf *Voa * complete Schodule C Part I	47		X
10	Old the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
18	A C O W WAS Francisco Cohodulo C Day ()	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
	complete Schoolule C. Doet III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		,		

Form 990 (2009) Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			l
	United States on Part IX. column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2° If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, fine 3, 4, or 5 about compensation of the organization's current			
	and former officers, oirectors, trustees, key employees, and highest compensated employees? If 'ires,' complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		<del> </del>	
	last day of the year, that was issued after December 31 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	04.		X
15	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		<u> </u>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240	<del>                                     </del>	
•	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disquatried person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L. Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			,,
а	A current or former officer, director, trustee, or key employee? If "Yes." complete Schedule L, Part IV	28a		X
Ь		28b	<u> </u>	X
¢	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			x
~~	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	^
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	20		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30	<del>-</del> -	1
٥,	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization self, excharge, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax exempt or taxable entity?			
	If "Yes." complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			Ļ <del>−-</del>
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
<b>3</b> 8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O.	38	X	

Form **990** (2009)

Form **990** (2009)

	t V Statements Regarding Other IRS Filings and Tax Compliance	1320	, ,	age 3
	<u></u>		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		1 1 1 1	<del>  '*</del> -
	U.S. Information Returns, Enter -0- if not applicable	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		1
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	<b>-</b>	]	1
	(germbling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form # 3. Transmittal of Wage and Tex Statements.			
	filed for the calendar year ending with or within the year covered by this return 2a	0		
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
b	If "Yes," has it filed a Form 990 T for this year? If No provide an explanation in Schedule O	3tb		
4a	At any firme during the calendar year, did the organization have an interest in, or a signature or other authority over, a			7 —
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
Ь	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. Report of Foreign Bank and	1 .		
	Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
р	Did any taxable party notify the organization that it was or is a party to a prohibited shelter transaction?	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T. Disclosure by Tax Exercit Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solucit			
	any contributions that were not tax deductible?	6a	<u> </u>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b_		
7	Organizations that may receive deductible contributions under section 170(c).	ĺ		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			
	provided to the payor?	7a		X
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		1	
	to file Form 8282?	7c	↓	X_
d	If "Yes." indicate the number of Forms 8282 filed during the year	4	ĺ	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	ţ		
	benefit contract?	7e	<u> </u>	<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<del>↓</del>	ļ
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g_	<u> </u>	<u> </u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	<u> </u>	<b>└</b>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings		ļ	
	at any time during the year?	8	<b>↓</b>	
9	Sponsoring organizations maintaining donor advised funds.	<b>]</b> .		
a	Did the organization make any taxable distributions under section 4966?	9a	<b>Ļ</b>	<u> </u>
	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9</b> b_	<b>↓</b>	<u> </u>
10	Section 501(c)(7) organizations. Enter:	, , ,	1	•
а	Initiation fees and capital contributions included on Part VIII, line 1?	<b>-</b>  ™:		ľ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>_</b>	, , ,	
11	Section 501(=)(12) organizations. Enter:	1		1
	Gross income from members or shareholders		4	-,`
Þ	Gross income from other sources (Do not net amounts due or paid to other sources against		k 🐔	
	amounts due or received from them.)	1 7	4	1

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b. If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	ction A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body	3	100	,,,,,
Ь	1:			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any officer	1		
	officer director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
_	of officers, directors or trustees, or key employees to a management company or other person?	з		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	<u></u>	X
7a				* -
	governing body?	7a		X
b		7b		$\frac{x}{x}$
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	76		
_	by the following:		x	
a	The governing body?	ва	x	
_ b	Each committee with authority to act on behalf of the governing body?	_ <u>8</u> b	^	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v
<del></del>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9_		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		T. 1	
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	X	
ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b	X	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A			ا ہے ا	
12a	Does the organization have a written conflict of interest policy? If No, go to line 13	12a	X	
Ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b	х	
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		_
·	in Schedule O how this is done	12c	х	
13		13	X	
	Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?	14	X	
14	, ,	14	<u> </u>	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		x	
a	The organization's CEO, Executive Director, or top management official	15a	X	
Ь	Other officers or key employees of the organization	15b		
45	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		-	v
	taxable entity during the year?	16a		<u> X</u>
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	-	<b>i</b> "	
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	`	·	
	exempt status with respect to such arrangements?	16b		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filled FL			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	e for		
	public inspection. Indicate how you make these available. Check all that apply.  Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents conflict of interest policy, a	nd fina	incia(	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ition:		
	JUDITH GATTI - 954-518-1841			
	2501 SW 32ND TERRACE, PEMBROKE PARK, FL 33023			2009

932006 02-04-10

## Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter 0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."

Check this box if the organization did not compensate any current officer, director, or trustee.

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order undividual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average			Pos				(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	inglandual trustes or director	neck husien frusien	Officer		Mehest compensated D		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
BRUCE BERMAN BOARD MEMBER		x						0.	0.	0.
MICHAEL R. ADAIR				-	^ <b>-</b> ,		<del>  -</del>			
BOARD MEMBER		X			, sp.			0.	0.	0.
WILLIAMS BARKINS BOARD MEMBER		X	Ì	-		ĺ		0.	٥.	0.
JENNIFER BEHAR		<b>A</b>		`	$\vdash$	$\vdash$				
BOARD MEMBER		X						0.	0.	0.
DIANA BROOKS		F			$\vdash$	_				
BOARD MEMBER		X				l		0.	0.	0.
SCOTT COHEN			Α,							
BOARD MEMBER		X						0.	0.	0.
BENNY GONZALEZ										
BOARD MEMBER		X					L	0.	0.	
SUSAN HANTMAN				ļ				_		^
BOARD MEMBER	<del>-</del>	X				—	ļ	0.	0.	<u> </u>
KATHRYN KASSNER BOARD MEMBER		x						٥.	٥.	0.
MARIA MILLARES				<del> </del>				0.		
BOARD MEMBER		X						0.	0.	0.
ALLISON MILLER	_	1								
BOARD MEMBER		X						0.	0.	0.
JUDITH GATTI	_	-								
EXECUTIVE DIRECTOR	40.00	X		X		L		107368.	0.	0.
LOU NOSTRO								1		
BOARD MEMBER		X						0.	0.	0.
ORLANDO ROCHE								_	•	•
BOARD MEMBER		X	<u> </u>					0.	0.	0.
YURI ALEJALDRE DIRECTOR OF FINANCE	40.00	x		x				73125.	0.	0.
ANTHEA PENNANT	40.00	^		Λ.				/3123.		
DIRECTOR OF DEVELOPMENT	40.00	x		x				65988.	0.	0.
BRIAN PHELAN					Γ					
DIRECTOR OF FOOD PROCURM	40.00	X		X				53592.	0.	0.

Form **990** (2009)

(A) Name and title	(B) (C) Average Position							(D)	(E)	(F)
Name and title	Average Position hours (check all that apply)						ilvi	Reportable Reportable compensation compensation		Estimated amount of
TIII.T ZENO	per <del>wee</del> k	individual imples or director	Institutional truster	Officer	Kay ampleyee	Alghest rowpensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organization
JULI ZENO DIRECTOR OF AGENCY RELAT	40.00	X.		X				44725.	0.	
WALTER GARCIA WAREHOUSE DIRECTOR	40.00	x	_	х		<u> </u>		58666.		(
			_							
		  -				 				
			<u></u>				•	<u> </u>		
					• ,					
1b Total			!	<u>, , , , , , , , , , , , , , , , , , , </u>				403464.	0.	
2 Total number of individuals (including but recompensation from the organization	not limited to th	ose	liste	d at	30V6	e) wt	o re	ecerved more than \$100.	,000 in reportable	
3 Did the organization list any former officer.			, ke	em	ploy	yee.	or h	ighest compensated em	nployee on	Yes N
<ul> <li>Ine 1a? If "Yes," complete Schedule J for s</li> <li>For any individual listed on line 1a, is the st</li> <li>and related organizations greater than \$15</li> </ul>	ım of reportab	ie co						ner compensation from t	he organization	3 2
5 Old any person listed on line 1a receive or	accrue compe	nsat	ion f						ces <b>rend</b> ered to	
the organization? If "Yes," complete Sched Section B. Independent Contractors										5   2
Complete this table for your five highest co the organization.     NONE	mpensated inc	depe	ende	nt c	ontr	acto	rs ti	nat received more than s	\$100,000 of compens	ation from
(A) Name and business	address				_		4	(B) Description of se	ervices (	(C) Compensation
							-			
Total number of independent contractors (in	ncluding but n	ot lis	nite	d to	thos	se lis	ted	above) who received m	ore than	
\$100,000 in compensation from the organi	zation 🕨				(	)				Form <b>990</b> (20

Pa	rt VI	It Statement of Reve	nue					-
				-	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated ousiness revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns	1a			1		-
gra	b	Membership dues	15		, '	ring (	<b>4</b> - 3	egijk tov.
Contributions, gifts, grants and other similar amounts		: Fundraising events	1c	175032.				
ig'i		Related organizations	14	8469635.				
Sim		Government grants (contribut		8469635.				
ie Ei	ſ	All other contributions, giffs, gran similar amounts not included abo		26082983.				
E 5	_			29896575.				
Social	-	<ul> <li>Notices in contributions included in lines</li> <li>Total. Add lines 1a 16</li> </ul>	s a-1: 3	20000731	34727650.			
		TOLAL AUGINES 13 IC		Business Code	317273301			
به	2 a	SHARED MAINTEN	ANCE	900099	974670.	974670.		
<u> </u>	_	PURCHASED PRODU		900099	161922.	161922.		
Program Service Revenue	c	SERVICE FEES-RE	ECLAMATI	900099	75635.	75635.		
e e	d				بث			
50	e							
<u>ት</u>	f	All other program service reve	enue	522100	2 Date of the second			
	9				1212227.		2	
	3	Investment income (including	, dividends, inter	est, and				44040
		other similar amounts)		<b>•</b>	44048.			44048.
	4	Income from investment of ta	ix exempt bond ;	proceeds	,			
	5	Royatties	(D. Doo)	63.0				
	6 a	Gross Rents	(ī) Reat	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Öther				
		assets other than inventory	691259.					
1	b	Less: cost or other basis						
		and sales expenses	686278.					
		Gain or (loss)	4981.	Server Server	4001			4001
		Net gain or (loss)		<b>_</b>	4981.			4981.
9	8 a	Gross income from fundraisin						
Other Revenu			032. of					
휸		contributions reported on line Part IV, line 18		0.				
<u> </u>	h	Less: direct expenses	a					
δļ		Net income or (loss) from fund			0.			
		Gross income from garning ad	=					-
		Part IV, line 19	а		!	· ·		
	ь	Less: direct expenses	ь ь			14, 2°		7
	С	Net income or (loss) from gam	ning activities	<b>&gt;</b>				
}	10 a	Gross sales of inventory, less	retums		÷	~·.		
		and allowances	а				,	
		Less: cost of goods sold	ь		1.5	· · · · · · · · · · · · · · · · · · ·		
Ļ	<u> </u>	Net income or (loss) from sale		<u> </u>				
-	11 0	Miscellaneous Revenu MISCELLANEOUS	<u></u>	Business Code 900099	78073.	78073.		1
	11 a b	**************************************		700033	, , , , , , ,	700731		
	C			<del>-</del>				
	d	All other revenue						
		Total. Add lines 11a-11d		<b>→</b>	78073.			
	12	Total revenue. See instructions.		▶	36066979.	1290300.	0.	49029.
932009 02-04-	1D						· · · · · · · · · · · · · · · · · · ·	Form <b>990</b> (2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, time 21		-		79 7 . 18				
2	Grants and other assistance to individuals in			Challe Land in					
-	the U.S. See Part IV, line 22				,				
3	Grants and other assistance to governments,								
Ī	organizations, and individuals outside the U.S.								
	See Part IV, lines 15 and 16								
4	Benefits paid to or for members			_					
5	Compensation of current officers, directors		-						
•	trustees, and key employees	403464.	222971.	180493.					
6	Compensation not included above, to disqualified			-					
·	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)								
7	Other salaries and wages	1880577.	1366067.	336788.	177722.				
8	Pension plan contributions (include section 401(k)		.42						
٠	and section 403(b) employer contributions)	34079.	<b>23</b> 779.	7666.	2634.				
9	Other employee benefits	242122.	-7168944.	54465.	18713.				
10	Payroll taxes	195439.	136370.	43964.	15105.				
11	Fees for services (non-employees):		2303701		13103.				
	Management								
b		-							
c	Accounting	50250:	(1)	50250.					
	Lobbying	302301	_ <u>`</u>	303307					
	Professional fundraising services. See Part IV, line 17	9514.	. =		9514.				
e f	Investment management fees	24015.		24015.					
	Other	181928	131683.	46721.	3524.				
12	Other	<b>673</b> 22.	, 1510031	10,7221	67322.				
12	Advertising and promotion	72107.	7693.	1166.	63248.				
13	Office expenses		,,,,,,		032401				
14	Information technology	- 2							
15	Royatties	185972	159667.	23548.	2757.				
16	Occupancy	36593.	36593.	23340.					
17	Travel	10.05	303331	-					
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials	30518.			30518.				
19	Conferences, conventions, and meetings	30318.							
20	Interest				<del>_</del>				
21	Payments to affiliates	283811.	242714.	36789.	4308.				
22	Depreciation, depletion, and amortization	176308.	150778.	22854.	2676.				
23	Other expenses, Itemize expenses not covered	170300.	1307701	220331	2070				
24	above. (Expenses grouped together and labeled	= 2							
	miscellaneous may not exceed 5% of total		· · · · · · · · · · · · · · · · · · ·		in the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se				
	expenses shown on line 25 below.) CONTRIBUTED FOOD ACTIVI	29498097.	29498097.	4 7 5 FE-10-PE-904 \$1.5	<u> </u>				
a	PURCHASE FOOD ACTIVITY	1224602.	1224602.						
Ь	TRANSPORTATION & STORAG	190992.	190992.						
0	WAREHOUSE	183285.	183285.						
d	GAS & OIL	172396.	172396.	<del></del>					
e		601204.	517828.	61153.	22223.				
7	All other expenses	35744595.	34434459.	889872.	420264.				
25	Tatal functional expenses. Add lines 1 through 241  Jaint costs. Check here  ft fallowing	33/44333	<u> </u>	003014.	440404				
26									
	SOP 98-2. Complete this line only if the organization								
	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation				E 000 (000)				

Form **990** (2009)

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash non-interest-bearing		.	32625.	1	299217.
	2	Savings and temporary cash investments			1468916.	2	177415.
	3	Pledges and grants receivable, net			302635.	3	99570.
	4	Accounts receivable, net			100105.	4	8497.
	5	Receivables from current and former officers di	rectors.	, trustees, key			
		employees, and highest compensated employee	es. Con	nplete Part II	•	1	
		of Schedule L				5	
	6	Receivables from other disqualified persons (as	defined	d under section			
		4958(f)(1)) and persons described in section 495	58(c)(3)(	(B). Complete			
		Part II of Schedule L				6	
٧.	7	Notes and loans receivable, net				7	†
Assets	8	Inventories for sale or use	-		-	8	
ď.	9	Prepaid expenses and deferred charges				9	-
	1	Land, buildings, and equipment: cost or other	1 1				
	/	basis. Complete Part VI of Schedule D	10a	3892071.			
	h	Less: accumulated depreciation	10b	1932671.	855043.	10c	1959400.
	11	Investments publicly traded securities	102		1545560.	11	1591159.
	12	Investments - other securities. See Part IV, line	<u> </u>	12			
	13	Investments - program-related See Part IV, line	7 <del>4</del> 1×4×	13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			2215973.	15	2738618.
	16	Total assets. Add lines 1 through 15 (must equ	 Salika 2	4)	6520857.	16	6873876.
	17	Accounts payable and accrued expenses	au in re o	· }·	600403.	17	520608.
	18	Grants payable		T		18	3200001
	19	Deferred revenue			_	19	
				<del></del>		20	<del></del>
	20			-		21	
ie ie	21	Escrow or custodial account liability. Complete		·- ·		21	
	22	Payables to current and former officers, director		27 1 1			
Liabilities		highest compensated employees, and disqualifit of Schedule L	ed pers	iors. Complete Farcii		22	
			2 • 5 		356.	23	
	23	Secured mortgages and notes payable to unrela		5.7	300.	24	
	24	Unsecured notes and loans payable to unrelated Other liabilities. Complete Part X of Schedule D	Finna t	parties		25	
	25		<u> </u>		600759.	26	520608.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check he		Y and complete	0007334	20	320000.
			are -	(A) and complete			·
Fund Balances		lines 27 through 29, and lines 33 and 34.			3786833.		5 <b>34</b> 7339.
<u>a</u>	27	Unrestricted net assets		-	1252279.	27	125033.
B	28	Temporanly restricted net assets			880986.	28	880896.
	29	Permanently restricted net assets			000000	29	000000.
ī		Organizations that do not follow SFAS 117, of	neck ne	ere 🕨 🔛 and			
Õ vo		complete lines 30 through 34.			,		
<b>3</b> 61	30	Capital stock or trust principal, or current funds		.,,		30	
Ą	31	Paid-in or capital surplus, or land, building, or eq	-	· ' ' '		31	<u> </u>
Net Assets or	32	Retained earnings, endowment, accumulated in	come, d	or other funds	500000	32	<u> </u>
_	33	Total net assets or fund balances			5920098.	33	6353268.
	34	Total liabilities and net assets/fund balances			<u>6520</u> 857.	34	6873876.

Form **990** (2009)

3a. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

bilf "Yes." did the organization undergo the required audit or audits? If the organization did not undergo the required audit

X Separate basis Consolidated basis Both consolidated and separate basis

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Part XI Financial Statements and Reporting Yes No 1 Accounting method used to prepare the Form 990 ..... Cash X Accrual Other If the organization changed its method of accounting from a phor year or checked "Other," explain in Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X b. Were the organization's financial statements audited by an independent accountant? 2Ь c. If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, X review or compilation of its financial statements and selection of an independent accountant? 2Ľ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. , 3 d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a

> X Form 990 (2009)

X

За

**3**b

Form 990 (2009)

consolidated basis, separate basis, or both:

Act and OMB Circular A-133?

#### SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

internal nevenue Service. Name of the organization

FEEDING SOUTH FLORIDA, INC.

F/K/A DAILY BREAD FOOD BANK, INC.

Employer identification number 59-2097520

Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st comple	te this par	t.) See inst	tructions.				
ine organ	ization is not	a private foundation	because it is (For lines	1 through	11, check	only one b	;					
1 []	A church, co	invention of churche	s, or association of chur	rches desc	ribed in se	ection 170	(b)(1)(A)(i)	<u>L</u>				
2			<b>'0(b)(1)(A)(ii).</b> (Attach Sc									
3			tal service organization			170(b)(1)	(A)(iii).					
4	•	, ,	operated in conjunction					(b)(1)(A)(ī	ii). Enter ti	he hospital	's nam	۱ <del>←</del>
	city and stat		•						•			
5 ']	An organizat	ion operated for the	benefit of a college of u	iniversity o	wried or of	perated by	a governi	mental un	it describe	ed in		-
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6	A federal, sta	ate, or local governm	ent or governmental uni	n describe	d in sectio	n 170(b)(1	I)(A)(v).					
7	An organizat	ion that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit o	or from the	e general r	oublic desc	ribed i	n
	_	(b)(1)(A)(vi). (Comple				-						
в 🗀			ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
<b>X</b> e			eives: (1) more than 33			rom contn	butions, m	nembersh	in fees. an	id arass re	ceipts	from
			nctions · subject to certa			800			-	_		
			axable income (less sec		-					•		
		509(a)(2). (Complete			,(			, 3			_,	
10			perated exclusively to te	st for publ	lic <b>safety.</b> \$	See sectio	n 509(a)(4	<b>4</b> )_				
11 🔲	-	-	perated exclusively for the		1/27.7			-	v out the	numoses d	one i	or
—	-	_	ations described in secti		· · · ×	-,			-			0,
			organization and compl				- j. Occ 300	00000	радор. Опс		a iai	
	a Type		¬ -		e III - Func		egrated		d	Type III - (	7ther	
е 🗀			at the organization is not			,	9	r more dis	n painteed r			n
ъ	-		han one or more pubach			-	-					11
f			ten determination from						3(a)(1) Gr 3	section 303	( <b>a</b> )(2).	
'	_			ine ine in	ad II IS ad Ty	pe i, iype	n. or Type	E 'II'				[
_		rganization, check th	is box organization accepted a	ovaile or o	ontribution	• • • • • • • • • • • • • • • • • • •	of the follo					
g	•		•			,					Van	Nia
			irectly controls, either a	-	erner with	persons o	escribea	irt (II) and (	(III) Delow,		Yes	No
	5	0 -	upported organization?	•						11g(i)	<del>                                     </del>	
	•	•	n described in (i) above?							. 11g(ii)		
	- ,	-	person described in (i)				-			11g(iii)	oxdot	
h	Provide the f	allowing information	about the supported or	ganization	(5)							
			(iii) Type of	V		J. A D. of a.	. = 454	(vi) Is	- the			
. ,	of supported	(ii) EIN	organization	, ,	organization sted in your	, ,	r notify the	organizati	on in col.	(vii) An		f
orga	noitation		(described on lines 1-9		document?		support?	(i) organiz U.S	red in the	sup	port	
			above or IRC section (see instructions))	Yes	T No	Yes	No	Yes	No			
			(cos mon substituting)	163	100	103	140	163	140			.——
		_		<del>                                      </del>					<del>                                     </del>			
									<del> </del>			
	_						_	-	-			
									+-+			
									† †			
Total												

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

93202 62-08-10

	nedule A (Form 990 or 990-EZ) 2009	•	<b>K</b>	A	76 1/2/16\20 \		Page 2
Pi	Support Schedule for C				)(b)(1)(A)(iv) an	id 170(b)(1)(A)(v	)
Sa	(Complete only if you checked ction A. Public Support	THE DOX ON IFIE 5	. 7, Or 8 Of Part	-)			
_	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and	(4) 2000	[6) 2000	(6) 2007	(4) 2000	(e) 2003	(I) TOTAL
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-				<u> </u>		
_	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities			<del> </del>		<del></del> -	
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions			٠.			
	by each person (other than a		•			£ = .	
	governmental unit or publicly		-		·		
	supported organization) included			<u>.                                    </u>			
	on line 1 that exceeds 2% of the	1					
	amount shown on line 11,			`			
	column (f)		-				
6	Public support. Subtract line 5 from line 4		٠ , .	1	`	1 2	
Se	ction B. Total Support			**************************************			
Cal	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest.		#` %				
	dividends, payments received on						
	securities loans, rents, royalties			25 :			
	and income from similar sources						
9	Net income from unrelated business		•				
	activities, whether or not the						
	business is regularly carried on		· •				
10	Other income. Do not include gain						
	or loss from the sale of capital	-					
	assets (Explain in Part IV.)		r .4	_			
	Total support. Add lines 7 through 10					` \	
	Gross receipts from related activities, e					12	
13	First five years. If the Form 990 is for t						
8.	organization, check this box and stop l	nere Box	roomtogo		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	<u> </u>
	ction C. Computation of Public						
	Public support percentage for 2009 (lin	• • •	=	• • • • • • • • • • • • • • • • • • • •		14	94
	Public support percentage from 2008 \$					15	94
108	33 1/3% support test - 2009.If the org	•			14 IS 33 1/3% OF F	nore, check this box	and _
	stop here. The organization qualifies as 33 1/3% support test - 2008.If the org		-		ling 15 is 99 1/99/	or more sheet 44:-	<b>P</b>
C	• • • • • • • • • • • • • • • • • • • •	•					, box
174	and stop here. The organization qualifities 10% -facts-and-circumstances test						<b>-</b> -
1/2	and if the organization meets the "facts	•					
	with the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the confidence of the con		LUCK UNDUR	DOV THE 210D I	, —, —, —, —, «ШІ І ІІ І С	~ * . *	

Schedule A (Form 990 or 990-EZ) 2009

meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization ...... b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Schedule A (Form 990 or 990-EZ) 2009 F/K/A DAILY BREAD FOOD BANK, INC.

Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete Schedule for Organizations Described in Section 509(a)(2) (Complete Schedule for Organizations Described in Section 509(a)(2) (Complete Schedule for Organizations Described in Section 509(a)(2) (Complete Schedule for Organizations Described in Section 509(a)(2) (Complete Schedule for Organizations Described in Section 509(a)(2) (Complete Schedule for Organizations Described in Section 509(a)(2) (Complete Schedule for Organizations Described in Section 509(a)(2) (Complete Schedule for Organizations Described in Section 509(a)(2) (Complete Schedule for Organizations Described in Section 509(a)(2) (Complete Schedule for Organizations Described in Section 509(a)(2) (Complete Schedule for Organizations Described in Section 509(a)(2) (Complete Schedule for Organizations Described in Section 509(a)(2) (Complete Schedule for Organizations Described in Section 509(a)(2) (Complete Schedule for Organizations Described in Section 509(a)(2) (Complete Schedule for Organizations Described in Section 509(a)(2) (Complete Schedule for Organization 509(a)(2) (Complete Schedule for Organization 509(a)(2) (Complete Schedule for Organization 509(a)(2) (Complete Schedule for Organization 509(a)(2) (Complete Schedule for Organization 509(a)(2) (Complete Schedule for Organization 509(a)(2) (Complete Schedule for Organization 509(a)(2) (Complete Schedule for Organization 509(a)(2) (Complete Schedule for Organization 509(a)(2) (Complete Schedule for Organization 509(a)(2) (Complete Schedule for Organization 509(a)(2) (Complete Schedule for Organization 509(a)(2) (Complete Schedule for Organization 509(a)(2) (Complete Schedule for Organization 509(a)(2) (Complete Schedule for Organization 509(a)(2) (Complete Schedule for Organization 509(a)(2) (Complete Schedule for Organization 509(a)(2) (Complete Schedule for Organization 509(a) (Complete Schedule for Organization 509(a) (Complete

59-2097520 Page 3

Sect	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	f) Total
1 (	Gifts, grants, contributions, and						
•	nembership fees received. (Do not						
ı	nclude any *unusual grants.*)	27355437.	30644922.	28178510.	31332894.	34727650	152239413,
2 ( f	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1597574.					7910918.
ā	Gross receipts from activities that are not an unrelated trade or business under section 513						
); C	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
f	The value of services or facilities urnished by a governmental unit to the organization without charge	28053011	33371370	29924033	33062032	35939877.	160150331.
	Total. Add lines 1 through 5	20,23011.	222/13/0.		220040324	7777077	190130331,
	Amounts included on lines 1, 2, and						0
b # " e	Preceived from disqualified persons whounts included on lines 2 and 3 received rom other than disqualified persons that exceed the greater of \$5,000 or 1% of the mount on line 13 for the year						0.
c A	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6)						160150331.
	ion B. Total Support			•			
Calen	dar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	f  Total
	Amounts from line 6	28953011.	32271378.	29924033.	33062032.	35939877.	160150331.
10a (	Gross income from interest, dividends, payments received on securities toans, rents, royalties and income from similar sources	110527.	89 <b>207</b> .	91726.	77622.	49029.	418111.
<b>b</b> (	Inrelated business taxable income less section 511 taxes) from businesses icquired after June 30, 1975		Ť				
	Add lines 10a and 10b	110527.	89207.	91726.	77622.	49029	418111.
11 N a v	Net income from unrelated business ictivities not included in line 10b, whether or not the business is equilarly carried on	12032;;	032070	22720	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	130231	
	Other income. Do not include gain						
	or loss from the sale of capital issets (Explain in Part IV)		1154.	1154.	4372.	78073.	84753.
	otal support (Add lines 9, 10c, 11, and 12.)	29063538.	32361739.	30016913.	33144026.	36066979.	160653195.
	First five years. If the Form 990 is for	the organization's	s first, second, this	d. fourth, or fifth to	ax year as a section	n 501(c)(3) organiz	ation.
	theck this box and stop here						
	ion C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2009 (			column (f)		15	99.69 %
	Public support percentage from 2008					16	99.72
	ion D. Computation of Inves					1.0	331.1
						47	.26 %
	("						
	18 Investment income percentage from 2008 Schedule A. Part III, line 17  19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not						
r	is 1/3% support tests - 2009. If the nore than 33 1/3%, check this box al 3 1/3% support tests - 2008. If the	ndstop here. The	organization quali	fies as a publicly s	upported organiza	ition	ightharpoons X
	ne 18 is not more than 33 1/3%, che	_					<u> </u>
			=	· ·		<del>-</del>	
בט ץ	rivate foundation. If the organization	n dia not check a	DOX OH IMB 14, 19	a. or 190, check th			
					Sch	edule A (Form 990	or 990-EZ) 200

## Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

	FEEDING SOUTH FLORIDA, INC. F/K/A DAILY BRRAD FOOD BANK, INC. ck one):	59-2097520
Organization type (che	ck one):	-
Filers of:	Section:	
Farm 990 or 990-EZ	X 501(c)( 3) (enter number) organization	
	4947/a)(1) nonexempt chantable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	<b>. i</b>	
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more implete Parts I and II.	(in money or property) from any one
Special Rules	in the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se	
509(a)(1) and 1	01(c)(3) organization filing Form <b>990</b> or 990 EZ that met the 33 1/3% support test of th 70(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of on (i) Form 990, Part VIII, line 1h or (ii) Form 990 EZ. line 1. Complete Parts I and II.	
aggregate cont	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one or inbutions of more than \$1,000 for use exclusively for religious, charitable, scientific, literal or children or animals. Complete Parts 1, II, and III.	
contributions fo If this box is ch purpose. Do no	01(c)(7). (8), or (10) organization filing Form 990 or 990-EZ that received from any one concurred exclusively for religious, charitable, etc., purposes, but these contributions did neeked, enter here the total contributions that were received during the year for an exclusive complete any of the parts unless the <b>General Rule</b> applies to this organization becausele, etc., contributions of \$5,000 or more during the year.	ot aggregate to more than \$1,000 uswely religious, charitable, etc., use it received nonexclusively
but it must answer 'No'	on that is not covered by the General Rule and/or the Special Rules does not file Sched on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	•
LHA For Privacy Act a for Form 990, 990		ule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization
FEEDING SOUTH FLORIDA, INC.
F/K/A DAILY BREAD FOOD BANK, INC.

Employer identification number

59-2097520

#### Part I Contributors (see instructions)

		<del></del>	<del></del>
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	STATE OF FL - DEPT OF AGRICULTURE & CONSUMER SERVICES  THE CAPITOL  TALLAHASSEE, FL 32399	s1056563.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		s	Person Payroll Noncash (Complete Part If if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part (I if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization FEEDING SOUTH FLORIDA, INC. F/K/A DAILY BREAD FOOD BANK, INC.

59-2097520

### Part II Noncash Property (see instructions)

(a) No. rom	(b) Description of nancash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	FOOD	-	
1		-	
		_	
		\$ <u>105656</u> 3.	VARIOUS
		<del>-</del>	
(a) No.	(b)	(c)	(d)
rom	Description of noncesh property given	FMV (or estimate)	Date received
art 1		(see instructions)	
		- 4	
}	<del>_</del>		
	,	-   3 <del>~ .</del>	
(a)		1-1	
No.	(b)	(c) FMV (or estimate)	(d)
rom	Description of noncash property given	(see instructions)	Date received
art i	<u> </u>		
Ì	<del></del>	<b>-</b>	
		-	
		-   \$	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
rom arti	Description of noncash property given	(see instructions)	Date received
	<u></u>		
		-	
		_	
		_	
+	<del></del>		
(a) No.	(b)	(c)	(d)
rom	Description of noncash property given	FMV (or estimate)	Date received
arti		(see instructions)	
		_	
		_	
-		_   _	
		_   \$	
(a)			<u>.</u>
No.	(b)	(c) FMV (or estimate)	(d)
rom	Description of noncash property given	(see instructions)	Date received
art I		(======================================	
		_	
		-	
Ι.		-   \$	

18

#### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2009 Open to Public Inspection

Nam	e of the organization FEEDING SOUTH FL				Em	ployer identificati	on number
	F/K/A DAILY BREA					<u>59</u> -2097	
Pa	rt I Organizations Maintaining Donor Adv	rised Fur	nds or Othe	r Similar Fund	is or <b>Acco</b> i	unts. Complete if	the
	organization answered "Yes" to Form 990, Part IV	, line 6.					
		1	(a) Donor advi	sed funds	(b) Fur	nds and other acco	ounts
1	Total number at end of year	[					
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors	s in writing	that the assets	held in donor adv	ised funds		
	are the organization's property, subject to the organization	-				Yes	[ ] No
6	Did the organization inform all grantees, donors, and don	or advisor:	in writing that	grant funds can b	e used only		
	for charitable purposes and not for the benefit of the dor	or or done	r advisor, or for	any other purpos	e confe <b>rnna</b>		
				, , ,		Yes	☐ No
Pa	rt II Conservation Easements. Complete if the				Part IV, line 7		
1	Purpose(s) of conservation easements held by the organ	ızatıon (ch	eck all that appl	y).			
	Preservation of land for public use (e.g., recreation	•		eservation of an h	istorically imp	ortant land area	
	Protection of natural habitat			eservation of a ce			
	Preservation of open space					<b></b>	
2	Complete lines 2a through 2d if the organization held a q	ualified cor	servation confi	ribution in the form	n of a conserv	ation easement or	the last
_	day of the tax year.	damico co	10011411011400114	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			· · · · · · · · · · · · · · · · · · ·
	day of the lax year.					Held at the End of	the Tax Year
а	Total number of conservation easements				2a		
b	Total acreage restricted by conservation easements				26		
c	Number of conservation easements on a certified historic		incharted in (a)		<u>2</u>		
۵					2d	<del></del>	
3	Number of conservation easements modified, transferred			or terminated by the		o duting the tax	_
•	year >	, <b>, , , , , , , , , , , , , , , , , , </b>	cargaigns is o, v	s tommateo oy a	ic organization	Todamig Bic tex	
	Number of states where property subject to conservation		is Incated				
4				nation banding of	f		
5	Does the organization have a written policy regarding the violations, and enforcement of the conservation easiemer			ection handing o		Yes	□ No
6	Staff and volunteer hours devoted to monitoring, inspect	4.7			dunna the we	,	
6 7	Amount of expenses incurred in monitoring, inspecting,					_	
-		4,				<b>-</b>	_
8	Does each conservation easement reported on line 2(d) a	above saus	ay the requirem	ents of section 17	U(11)(4)(D)(1)	Yes	☐ No
_	and section 170(h)(4)(B)(ii)?	- ation ass		·			
9	In Part XIV, describe how the organization reports conse			•			
	include, if applicable, the text of the footnote to the organ	nization's fi	narkiai statem	ents that describe	s the organiza	tion s accounting	ior
Da	conservation easements.  rt III   Organizations Maintaining Collection	c of Art	Historical T	TODGIFOG OF	Other Simi	lar Accete	
Pa				reasures, or		a Assets.	
	Complete if the organization answered "Yes" to Fe	5011 990, P	art iv, wie 5.				
4-	K45			4_4	h_1 <b>.b.</b>		
٦a	If the organization elected, as permitted under SFAS 116						
	treasures, or other similar assets held for public exhibitio		ri, or research i	n furtherance of p	ublic service,	provide, in Part XII	v, the text of
	the footnote to its financial statements that describes the						
Ь	If the organization elected, as permitted under SFAS 116						
	or other similar assets held for public exhibition, education	on, or resea	irch in furtheran	ice of public service	ce, provide the	e following amount	s relating to
	these items:				_	_	
	(i) Revenues included in Form 990, Part VIII, line 1					\$	
	(iii) Assets included in Form 990, Part X					\$	
2	If the organization received or held works of art, historical	l treasures	or other similar	r assets for financ	ial gain, provid	<b>d</b> e	
	the following amounts required to be reported under SFA	S 116 rela	ting to these ite	ms:			
	Revenues included in Form 990, Part VIII, line 1				. ▶	\$	_
b	Assets included in Form 990, Part X				<b>&gt;</b>	\$	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 0

Schedule D (Form 990) 2009

Ра	rt III Organizations Maintaining C	collections of Ar	t, Historical Tr	easures,	or Other	Similar	Assets (	conbnu	Jed)
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that	at are a sign	nificant use	of its colle	ion i	tems
	icheck all that apply);								
a	Public exhibition	d	Loan or exc	hange progr	ams				
Ь	Scholarly research	e	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ellections and explain	how they further t	he organizati	ion's exemp	ot purpose	in Part XIV	<i>1</i> .	
5	During the year, did the organization solicit of	r receivé donations o	fart. historical trea	sures, or oth	er similar a	ssets			
	to be sold to raise funds rather than to be ma	untained as part of the	ne organization's co	offection?				≥s	□ No
Pa	rt IV Escrow and Custodial Arran	gements. Complet	te if organization ar	nswered "Ye	s" to Form	990, Part I	V. fine 9, or		
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent trustee, custodi	an or other intermedi	ary for contribution	is or other as	ssets not in	cluded			
	on Form 990, Part X?		_				Ye	:s	ON 🗀
b	If "Yes." explain the arrangement in Part XIV.	and complete the foll	lowing table:						
							Am	ount	
c	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	21?	·			Ye	es	No
b	If "Yes," explain the arrangement in Part XIV.		ع مولا - ا						
_	rt V Endowment Funds. Complete if	the organization ans	wered "Yes" to Fo	rm 990, Part	IV, line 10.				
		(a) Current year	(b) Prior year	(c) Two year	rs back (d	Three year	s back (e)	Four ye	ears back
1a	Beginning of year balance	B70337.	1032736		-	-,			
ь	Contributions					_,			
С	Net investment earnings, gains, and losses	76883.	9706						
d	Grants or scholarships							,	
	Other expenditures for facilities					-	_		
	and programs	52151.	1 <b>71</b> 950.				]		
f	Administrative expenses	14083.	155.			F .		_	
9	End of year balance	880986.	<b>87</b> 0337.						
2	Provide the estimated percentage of the year	r end balance held a		<u>L</u>					
а	Board designated or quasi-endowment	S	%						
	Permanent endowment > 100.00	<u></u>	-						
	Are there endowment funds not in the posses	ssion of the organiza	tion that are held a	nd administe	ered for the	organizati	on		
	by:					3		Y	es No
	(i) unrelated organizations						3	a(i)	X
	III) related granulations			**			· · · · –	a(ii)	X
ь	If "Yes" to 3a(ii), are the related organizations	 : listed as required or	Schedule 8?					3b	<del>  -</del>
4	Describe in Part XIV the intended uses of the						\		
Pai	rt VI Investments - Land, Building			Part X. line	1D.				
<u> </u>	Description of investment	(a) Cost or other		or other		umulated	(d)	Book v	ah se
	bescription of investment	basis (investm	1	(other)		ciation	(5,	DOOK 5	4.40
1-	Land		<u> </u>	30000.		· . ::	T-1	130	0000.
	Buildings	<u> </u>		$\frac{33}{72}$ 175.	-	727599	1		4576.
	Learnhold improvements						+		
	Equipment		24	89896.	1.5	05072		1287	4824.
	Other						<del>-</del>		
		gual Form 990 Part 3	Column (R) Ime 1					1959	9400.

Schedule D (Form 990) 2009

F/K/A DAILY BREAD FOOD BANK, INC.

59-2097520 Page 3

Part VII Investments - Other Securities.	See Form 990. Part X. Inne 12.	<del></del>	_ <del></del>
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b) Book value	(c) Method of valu Cost or end-of-year m	
Financial derivatives	_ <del></del>		
21			
Other	-		<del></del>
Other		•	
	<del>-</del>		
<del>_</del>	<del></del>		——— <u> </u>
_ <del>-</del>		<del>-</del>	
	<del></del>		
<del></del>			
	<u> </u>		
	-		
<del></del>			
Total. (Col (b) must egual Form 990, Parl X, col (B) line 12.)			:
Part VIII Investments - Program Related	See Form 990, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of val Cost or end-of-year ma	
		, , , , , , , , , , , , , , , , , , ,	
		<del></del>	
	v. X		
		<u></u>	
			·
	Α.		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X,			
<u> </u>	(a) Description		(b) Book value
SECURITY DEPOSITS			141497.
CONTRIBUTED FOOD ON HAND			2597121
	12.		
		<del></del>	
Total. (Column (b) must equal Form 990, Part X, col (B)	line 15 )		2738618
Part X Other Liabilities. See Form 990, Part			•
1 (a) Description of liability		(b) Amount	
Federal income taxes			7 
Baran moonio taxaa			
<del></del>			- T:-
<del></del>			
			≅ <i>'</i> \$
		<del>-</del>	2.4
			-
	<del>-</del>		
F A.) (California (L) more and (Cara COO) (Feet V 1914 (California (Coo))	/me 25 )	<del>-</del>	
Total. (Column (b) must equal Form 990, Part X, col (B)	line 25.)		\$

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48. 9.1.2053 02-01-10

Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ted Fi	nancial	State	ements	3
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			36066979
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			35744595
3	Excess or (deficit) for the year. Subtract line 2 from line 1			_3	1		322384
4	Net unrealized gains (losses) on investments			4			110786
5	Donated services and use of facilities			5			
6	Investment expenses			6			
7	Prior period adjustments			7	)		
8	Other (Describe in Part XIV.)			8			
9	Total adjustments (net). Add lines 4 through 8			9		_	110786
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 are			10			433170
Pa	t XII Reconciliation of Revenue per Audited Financial Stateme	ents W	ith Re	venue	per F	Return	
1	Total revenue, gains, and other support per audited financial statements					1	36670752
2	Amounts included on line 1 but not on Form 990. Part VIII, line 12:		_				
а	Net unrealized gains on investments	2a	_	110			
b	Donated services and use of facilities	2b		517	002.		
c	Recovenes of prior year grants	2c					
ď	Other (Describe in Part XIV.)	2d				<u> </u>	
e	Add lines 2a through 2d			,		2e	627788
3	Subtract line 2e from line 1					3	36042964
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	District Control					
а	Investment expenses not included on Form 990, Part VIII. fine 7b	42	j.	24(	)15.		
b	Other (Describe in Part XIV.)	45				1	
С	Add lines 4a and 4b					4c	24015
5	The 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15 to 15	· 				5	36066979
Pa	t XIII Reconciliation of Expenses per Audited Financial Statem	ents V	Vith E	xpense	s per	Retur	n
1	Total expenses and losses per audited financial statements	*				1	36237582
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		_				
а	Donated services and use of facilities	2a		517	002.	.[ ]	
ь	Pnor year adjustments	2b				ĭ	
C	Other losses	2c				1	
d	Other (Describe in Part XIV.)	2d				1	
e	Add lines 2a through 2d					2e	517002
3	Subtract line 2e from line 1					3	35720580
4	Amounts included on Form 990, Part IX. line 25, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		240	15.		
b	Other (Congribe in Dect VIV)	4b				1	
	Add lines 4a and 4b					4c	24015
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)					5	35744595
	t XIV Supplemental Information						
	elete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II	l lines	ia and 4	1. Part IV	lines 1		or Part V. line Jr Part
							·
C, lin	2: Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp	dete this	s part to	provide	any ad	ditional ii	ntormation.
	<del></del>						
	<u>-</u>						
							<del></del>

#### SCHEDULE G (Form 990 or 990-EZ)

## Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, Department of the Treasury or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

Inspection

Name of the organization

- nal mevenue Sillione

FEEDING SOUTH FLORIDA, INC.

Employer identification number

Schedule G (Form 990 or 990-EZ) 2009

F/K/A D	AILY BREAD FOOD BE	ANK, IN	rc.	59-2097	520
Part I Fundraising Activities required to complete this par	<ul> <li>Complete if the organization answ</li> </ul>	ered "Yes" to	o Form 990, Part IV,	line 17. Form 990-Ez	filers are not
I Indicate whether the organization rais  a Mail solicitations  b Internet and email solicitations  c Phone solicitations  d i In-person solicitations  2 a Did the organization have a written of key employees listed in Form 990, P  b If "Yes." list the ten highest paid indicompensated at least \$5,000 by the	e Solicita f Solicita g Specia or oral agreement with any individual eart VII) or entity in connection with products or entities (fundraisers) pure	ation of rion-g ution of gover I fundraising I (including o professional f	overnment grants nment grants events flicers, directors true fundraising services?	stees or	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundrasser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes No	,773	-	
		-			
	_	-			<u> </u>
		] ."			
	Martin Sagara				
	νρ. *,		'		
		<u> </u>			
otal		h vade or has	heen notified t is ex	remat from registratu	no or licensing
- Ust all states in which the organization					

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

#### FEEDING SOUTH FLORIDA, INC.

Schedule G (Form 990 or 990-EZ) 2009 F/K/A DAILY BREAD FOOD BANK, INC. 59-2097520 Page 2

	Τ-	on Form 990-EZ, fine 6a. List events with	(a) Event #1	(b) Event #2	(c) Other events	
	I		(1) 200 (1)	(b) Event #2	(c) Other svents	(d) Total events (add col. (a) through
	Ì		BIG 105	MACYS	1	col. (c))
1. 2			(event type)	(event type)	(total number)	Col. (C))
Revenue	1	Gross receipts	114132.	44248.	16652.	175032.
	2	Less: Charitable contributions	114132	44248.	16652.	175032.
	3	Gross income (line 1 minus line 2)	ļ			
į	   4	Cash prizes .		<u> </u>		
ses	5	Noncash prizes				
Expenses	6	Rent/facility costs				
Direct	7	Food and beverages				
	g	Entertainment				
	9	Other direct expenses				
١	10	Direct expense summary. Add lines 4 throug	jh 9 in column (d)	`*	>	
	11		nn (d), and line 10	**************************************		
Pa	rt )	<b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" to Form	1 990, Part (V, line 19. or re	eported more than	
Revenue	)		(a) Bingo	b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Rev						
_	1	Gross revenue	<del> </del>	<del> </del>		
ses	2	Cash prizes				
Experi	3	Noncash prizes				
	] _			!		
Direct	4	Rent/facility costs		_		
Direct	4					
Direct	4	Renufacility costs  Other direct expenses	Yes%	Yes%	Yes%	
Direct	4 5 6	Other direct expenses  Volunteer labor	□ No	1== - · ·		
Direct	4 5 6	Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through	No th 5 in column (d)	No I		(
Direct	4 5 6	Other direct expenses  Volunteer labor	No th 5 in column (d)	No I		( Yes No
9	4 5 6 7 8 Ent	Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 throug  Net gaming income summary. Combine line  ter the state(s) in which the organization operation.	No  In 5 in column (d)  1, column (d), and line 7  ates gaming activities:	No		Yes No
9 a	4 5 6 7 8 Entils t	Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through the gaming income summary. Combine line ter the state(s) in which the organization operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the operate gaming and the operate gaming and the operate gaming and the operate gaming and the operate gaming and the operate gamin	No  In 5 in column (d)  1, column (d), and line 7  ates gaming activities:	No		9-a
9 a	4 5 6 7 8 Entils t	Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 throug  Net gaming income summary. Combine line  ter the state(s) in which the organization operation.	No  In 5 in column (d)  1, column (d), and line 7  ates gaming activities:	No		9a
9 a b	4 5 6 7 8 Ent is t	Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 throughout the state(s) in which the organization operate gaming action operate gaming action.* explain:	No  1, column (d), and line 7  ates gaming activities: ctivities in each of these	states?	No	98
9 a b	4 5 6 7 8 Ent is t if '	Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through the gaming income summary. Combine line ter the state(s) in which the organization operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the organization licensed to operate gaming and the operate gaming and the operate gaming and the operate gaming and the operate gaming and the operate gaming and the operate gamin	No  1, column (d), and line 7  ates gaming activities: ctivities in each of these	states?	No	9a
9 a b	4 5 6 7 8 Entils t 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through the gaming income summary. Combine line ter the state(s) in which the organization operate organization licensed to operate gaming as No.* explain:  The any of the organization's gaming licenses respectively.	No  1, column (d), and line 7  ates gaming activities: ctivities in each of these	states?	No	9a 10a
a b 10a b	4 5 6 7 8 Ent is t if " We if " Door	Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through the gaming income summary. Combine line ter the state(s) in which the organization operate organization licensed to operate gaming action, explain:	No  1, column (d), and line 7  ates gaming activities: ctivities in each of these  evoked, suspended or to	states?	No	98

## FEEDING SOUTH FLORIDA, INC.

Sthedule G (Form 990 or 990-EZ) 2009 F/K/A DAILY BREAD FOOD BANK, INC. 59 20	97520 Page 3
	Yes No
13 Indicate the percentage of gaming activity operated in:	1 . 5
a The organization's facility	<u>.</u> }
biting bit bit bit bit bit bit bit bit bit bit	4
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	型 (A)
Name	
Address ►	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	t5a
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount	1 1 1
all gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	1
Name	
Address ▶	1 1 1
16 Garning manager information:	(4) (3) ( <u>5)</u>
Name	Fig. F =
	· · ·     · · · ·
Gaming manager compensation > \$	
Description of a constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of the constant of t	*
Description of services provided	
· · · · · · · · · · · · · · · · · · ·	
Director/officer Employee Independent contractor	
independent contractor	
17 Mandatory distributions:	
a is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	17a
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	
organization's own exempt activities during the tax year > \$	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Schedule G (Form 990 or 990-EZ) 2009

#### SCHEDULE M (Form 990)

#### **Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047

Inspection

VIURENT AND INSTITUCED otto illa Revenuu Se vice.

Name of the organization

Attach to Form 990, FEEDING SOUTH FLORIDA, INC.

F/K/A DAILY BREAD FOOD BANK, INC.

Employer identification number 59-2097520

Pa	rt I Types of Property	_		_			-		
		(a)	(b)	(c)			(d)		
		Check if	Number of contributions	Revenues rep		Method of		פתור	
		applicable		Form 990, Part \	viii, iii te rg	reve	enues		
1	Art - Works of art								
2	Art - Historical treasures			<u> </u>					
3	Art - Fractional interests		r·						
4	Books and publications				,				
5	Clothing and household goods								
6	Cars and other vehicles	X	7	481	7412.	FAIR MARKE	T VA	LUE	
7	Boats and planes				_	-			
8	Intellectual property	<del></del> -					_		
9	Securities - Publicly traded							_	
10	Securities - Closely held stock			24				-	
11	Securities - Partnership, LLC, or			102 m 1/2 c					
	trust interests			£.,		-			
12	Securities · Miscellaneous			· ;				_	
13	Qualified conservation contribution	<u> </u>		,					
	Historic structures								
14	Qualified conservation contribution · Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate Other								
18	Collectibles		2.						
19	Food inventory	X	· 500	29234	4121.	PRICE PER	POUN	$\overline{\mathbb{D}}$	
20	Drugs and medical supplies		*				•		
21	Taxidermy		₹ <u>₹</u> ;						
22	Historical artifacts		A.1						
23	Scientific specimens								
24	Archeological artifacts							_	
25	Other (								
26	Other (								
27	Other (								
28	Other (								
29	Number of Forms 8283 received by the organi	zation during	the tax year for c	ontributions				_	
	for which the organization completed Form 82		-		29				
	•		·					Yes	No
30a	During the year, did the organization receive b	y contributio	n any property rep	oorted in Part I, Iir	nes 1-28 tha	at it must hold for	,	-	
	at least three years from the date of the initial	-					- 1 × 1		ľ
	the entire holding period?			•			30a	l	X
b	If "Yes," describe the arrangement in Part II.						F===		
31	Does the organization have a gift acceptance i	policy that re	equires the review	of any non-stand	ard contrib	utions?	31		X
	Does the organization hire or use third parties	-		_					· · · ·
	contributions?	<b> </b>	J	,			32a		X
ь	If "Yes," describe in Part II.								
33	If the organization did not report revenues in o	aluma (c) for	a type of property	y for which colum	n (a) is che	cked,		Ī	1
-	describe in Part II.	(-, , 5.	• '	,	,	•			
) HA	For Privacy Act and Paperwork Reduction	Act Notice	see the Instructi	ions for Form 99	<b>O</b> .	Schedule	M (For	n 990	2009

#### SCHEDULE O (Form 990)

#### Supplemental Information to Form 990

Department of the Treasury

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.



internal Revenue Service FEEDING SOUTH FLORIDA, Name of the organization Employer identification number F/K/A DAILY BREAD FOOD BANK. INC. 59-2097520 FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AND POVERTY. FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES: INCORPORATED THREE NEW PROGRAMS - MOBILE PANTRIES, KIDS COUNTS ANS SNAP PROGRAM. FORM 990, PART VI, SECTION B, LINE 11: THE FORM, 990 IS REVIEWED AND FEEDBACK IS GIVEN ON THE 990 BEFORE FILING: FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION USES WRITE-UPS AND MEETS WITH EMPLOYEES ON A REGULAR BASIS. FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION TAKES STEPS TO ENSURE THE COMPENSATION IS APPROPRIATE AND HAS FORMAL PROCESS IN PLACE. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART XI, LINE 2C NO CHANGE FROM PREVIOUS YEAR.



# Emmanuel Apostolic Church-Miramar

Worship Center: 6114 S.W. 35th Court... Miramar... Florida...33023

Telephone: 954 983-2558

Jax: 954-987-8807

Master: Bishop Ernest Mc Donald

Email: eacmiramar@aol.com

May 9, 2011

City of Hallandale Beach 400 S. Federal Highway Hallandale Beach, FL 33009

Attention: Grant Committee Members

Re: Community Based Organizations FY 2012 Grant Funding

Dear Grant Committee Members,

I would like to express my wholehearted support for Feeding South Florida's application for grant funding for both a BackPack and Kids Count program at Hallandale Elementary. As a member agency of Feeding South Florida, we can attest to their commitment and dedication to their mission to "empower other South Florida not-for-profit organizations to assist people in need and improve their lives." Emmanuel Apostolic Church operates a food pantry which distributes food once-a-week, and as needed, to over 500 individuals. Our pantry relies heavily on the food we obtain from Feeding South Florida without which we would not be able to meet the food needs of those in our community who so desperately need our assistance.

Feeding South Florida is truly committed to fighting hunger in our community and has many commendable programs through which it works towards that end. In particular, Feeding South Florida has always focused on the plight of children, diligently working to end the scourge of child hunger. Their BackPack program is especially effective in this regard, as it provides nutritious, easy-to-prepare food, discreetly packaged in backpacks, directly to 100 children considered most at-risk at a school or after-school facility for them to take home on weekends. Teachers at schools where Feeding South Florida has a BackPack program have noticed the beneficial effect it has had on those children participating, and the children themselves have expressed that without the backpack of food, they would go hungry on the weekends.

We are excited at the prospect of partnering with Feeding South Florida to provide a BackPack program serving 100 at-risk children at Hallandale Elementary. Should you decide to award grant funds to this very worthy organization, your investment will make a very tangible difference in the lives of 100 children at risk of hunger. If you need any further information regarding my experiences with Feeding South Florida, please feel free to contact me at 954-983-2558.

Very truly yours,

Rev. Ernest McDonald

# FEEDING SOUTH FLORIDA MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (MOU) is established for the purpose of developing a partnership between Feeding South Florida and Partner Agency <u>limmanuel Apostolic Church</u>, whose intent is to provide a <u>BackPack Program</u> to <u>100 students at Hallandale Elementary</u> in the city of Hallandale Beach, Florida.

Both parties agree to work cooperatively to support and enhance services that will be provided to the community. Both parties acknowledge its responsibility to the following:

#### Feeding South Florida shall:

- Appoint a primary contact for the BackPack program providing oversight, leadership, and collaborative guidance in program implementation.
- Provide food each week in sufficient quantity to pack 100 backpacks each weighing approximately 12 pounds.
- Provide backpacks in which to pack the food.
- Provide surveys once each semester to be included in backpacks for parents of program participants.

#### Emmanuel Apostolic Church shall:

- Receive a specified amount of food each week from Feeding South Florida, the entire
  amount of which is to be packed in 100 backpacks of food and delivered to Hallandale
  Elementary.
- Provide volunteers who each week will pack backpacks of food, according to menus
  provided by Feeding South Florida, and deliver them to Hallandale Elementary by the agreed
  upon day and time.
- Designate a person who will be responsible for overseeing the receiving, packing, and
  delivery of food to the school and serve as the point of contact between the agency partner
  and Feeding South Florida.

Both parties agree that this Memorandum of Understanding shall be in effect upon signing of both parties and can be terminated by either party at any time provided that there is thirty (30) days notice in writing.

The signature(s) below acknowledges the agreement with this Memorandum of Understanding

Print Name

Signature Authorized Organization Representative

Print Name

Title Existration Representative

Signature Authorized Organization Representative

Date

Date



#### EDWARD CASTILLO

#### CAREER SUMMARY

Demonstrated success while driving new revenue growth and providing visionary sales leadership in highly complex competitive industry. Solid track record securing key accounts and increasing revenue and market share. Tenacious in seeking and developing new business, securing customer loyalty along with forging strong relationships with external business partners. Exceptional mentor and coach; combine business accumen with innate leadership abilities to recruit, build, and retain top-performing sales teams.

#### **KEY STRENGTHS & COMPETENCIES**

- Identify & Capitalize on Growth Opportunities
- Product Development & Launch
- Key Account Management
- Team Building, Coaching & Mentoring
- Territory & Account Development
- New Business Development Initiatives
- High-Impact Presentations & Negotiations
- Customer Needs Assessment

#### PROFESSIONAL EXPERIENCE

Feeding South Florida. Pembroke Park FL

Director of Agency Relations

4/2011 to Present

FTD Inc., Downers Grove, IL

Vice President of Membership Sales, N. America & Latin America

9/2007 - 12/2010

Responsible for building and acquiring new membership within North America, Central & South America, and the Caribbean markets. Manage national sales team.

- Responsible for sales revenue totaling \$54 million in sales
- Responsible for complete re-tooling and restructuring of the National and International sales team
- Developed and executed management strategy that addressed new market opportunities
- Created and implemented training programs for entire national sales team
- Maintained consistent year over year growth
- Consistently met revenue targets over 3 year span

Regional Technology Sales Manager, Northeast Division

4/2005 - 8/2007

- Sales Manager of the Year in 2005 establishing new sales in largest market in the country (New York/New Jersey)
- Worked with Regional Vice President and 4 field business consultants to target and acquire new accounts
- Responsible for complete re-tooling and restructuring of the Northeast Sales team
- Developed and executed change management strategy addressing new market opportunities
- Designed sales strategy to develop and maintain key accounts

#### SOUTH FLORIDA

Teleflora, Los Angeles, CA Marketing Counselor, Gold Team National Accounts

1/2004 - 4/2005

- Solicited new membership via telephone from home-based office
- Provided coverage for existing open territories throughout the country
- Worked special projects and promotions as directed by national sales manager
- Met or exceeded all company set goals

#### Marketing Counselor

1/2000 - 1/2003

- Serviced sales territory of 600+ shops (CT, NY, MA, RI)
- Sold web sites, credit card programs, and new applications
- Worked state floral shows, local units programs
- Promoted point-of-sale systems to customer base (RTI, Daisy, Eagle)
- Maintained strong relationships with national accounts with the territory

#### HPC Publications / PRIMEDIA, North Haven, CT

Advertising Account Executive

1/2003 - 1/2004

- #2 ranked salesperson in the company out of 289 salespeople across 42 markets nationwide
- Sold print advertising to national real estate property management companies
- Solicited new business and maintained existing accounts

#### Southern New England Telephone, New Haven, CT

Senior Account Manager, Publishing Division

1/1998 - 1/2000

- Consistently exceeded company set goals and objectives
- Responsible for the annual billed revenue of approximately \$1.5 million
- Established multi-media advertising programs for new and existing businesses

#### Serengeti Eyewear Inc., Bradenton. FL

Senior Sales Representative

1/1995 - 1/1998

- Increased account base of territory by 45% in 1998
- Responsible for developing sales of East coast territory of Florida in specialty optical eyewear while maintaining existing key accounts
- Introduced new products through trade and consumer shows and successfully built rapport with trade entities
- Trained new sales personnel in presentation and product knowledge

#### **EDUCATION**

Gateway Community College, New Haven, (T	2003 – 2005
Broward College, Ft. Lauderdale, FL	1997 – 1998
Bunker Hill Community College, Charlestown, MA	1987 – 1989

#### SOUTH FLORIDA

#### **ALEX RENDON**

#### KEY STRENGTHS & COMPETENCIES

- Supervision and Management
- Loyalty and Dedication to the Mission
- Interpersonal Communication
- Self-motivation

#### PROFESSIONAL EXPERIENCE

Feeding South Florida, Pembroke Park FL.

Program Manager

2007 to Present

Responsible for implementing and administering all child hunger programs distributing food to:

- 10 BackPack program sites feeding 1,240 children weekly
- 1 School Pantry providing boxes of food to 60 families a week
- 175 After-School Snack program sites feeding 5,500 children daily

Winn-Dixie Stores, Miami, FL

Location Manager

1979 - 2006

Responsible for all aspects of location management including:

- Training. Supervision, and Evaluation of over 300 employees
- Screening, Interviewing, and Hiring of store personnel
- Meeting sales objectives
- Enforcement of Wage & Hour, Child Labor, and Equal Employment Opportunity regulations
- Budgeting, Inventory, Expense & Cash control
- Preparation, analysis, and reporting of store results
- Security
- Community involvement

#### **EDUCATION**

Miami-Dade College, Miami, FL

2001



Formerly named Daily Bread Food Bank

#### STATEMENT OF INDEMNIFICATION AND WAIVER OF LIABILTY

To the City of Hallandale Beach: In consideration of the grant funds awarded to <u>Feeding South Florida</u> (organization) named in this Waiver form for this program, the undersigned organization hereby knowingly, freely and voluntarily RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE THE CITY OF HALLANDALE BEACH, its officers, agents, employees and volunteers from any and all liability or claims which may be sustained by clients or employees directly or indirectly in connection with or arising out of participation in this program/project, whether caused in whole or in part by the negligence of <u>Feeding South Florida</u> (organization) or otherwise.

The undersigned, on behalf of <u>Feeding South Flrida</u> (**organization**), shall indemnify and save harmless the City of Hallandale Beach from and against all judgments, orders, decrees, attorney's fees, cost expense and liabilities arising from or out of such claim, investigation or defense thereof which may be entered, incurred or assessed against the City of Hallandale Beach as a result of the foregoing.

I, THE UNDERSIGNED, HAVE READ THIS DOCUMENT, FULLY UNDERSTAND ITS TERMS AND UNDERSTAND THAT ON BEHALF OF Feeding South Firoida (ORGANIZATION) DESCRIBED HEREIN, FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ANY AND ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IN ANY PORTION OF THIS DOCUMENT IS HELD TO BE INVALID THE BALANCE NOTWITHSTANDING, SHALL CONTINUE IN FULL LEGAL FORCE AND EFFECT.

Print Name JUDETY GOLDT Title EXECUTIVE DIRECT

Signature Authorized Representative

Date



# GRANT APPLICATION COVER PAGE

Organization Name
Mailing Address 2020 Scott Street
City/State/Zip Code Hollywood, FL 33020
Phone (954) 920-0106 Fax (954) 920-7799 E-mail JoycesFood@aol.com
Name of Contact Person Joyce Curtis
Organization Information
Is the organization incorporated? Yes ■ No □ FEIN# 65-0809182
Does the organization have 501c(3) Tax Exemption Status? Yes ■ No □
If no, have you applied? Yes □ No □ If yes, provide a copy with your application.
If no, provide the name of the Fiscal Sponsor
Total # of Board Members 17 # of Staff 2 # of Volunteers 400+
Does your organization carry Liability Insurance? Yes ■ No □ Amount
Proposal Information
Program/Project Name Jubilee Center of South Broward
Priority Area Addressed Health and Weilness Age group 0-100 # to be served 5,000
Annual Budget \$207.300 Amount of Request \$ 10,000 Total Project Cost \$207,300
Source of Current Funding Government, Foundations, Individuals, Special Events
Has your organization received funding from the City before? Yes ■ No □
If yes, Amount Funded \$ 3,000 Year 2010 # of Residents Served 579
Have you attended the city's Capacity Building Workshops conducted by Mr. Non Profit?  Yes □ No ■
Give a brief summary of the Previous Project Funded. Jubilee received funds for its soup kilchen and office of social services. Funds received went to purchasing food, hygiene products,
fuel for the van, plus other expense to provide services to our clients.
Authorized Signature of Organization Representative What Date 5/4/1:

GRANT APPLICATION

### APPLICATION CHECKLIST

Please initial below as confirmation that each of the required documents has been submitted with the Application for review.

(1) C	COVER PAGE
<u>(n</u>	APPLICATION CHECKLIST
GN	Copy of Organization Non-Profit Status Letter from IRS
CN	List of Board Members, Director/Agency Head, Titles and Addresses
<u>en</u>	Evidence of Incorporation for State of Florida (www.sunbiz.org)
<u> GN</u>	Evidence of Financial Soundness (990 form) or documentation from a Financial Institution showing three (3) months of operating expenses
GN	Letters of Support for the project (limit to three (3))
GN	Memorandum of Understanding/s if partnering with any organization/s
GN	Key Staff Resumes
<u>6N</u>	Copy of the organization's Certificate of Insurance and/or a Letter of Indemnity (holding the City of Hallandale Beach harmless)



#### **GRANT APPLICATION**

#### 1. ORGANIZATION BACKGROUND INFORMATION (no more than 1 page)

• Give an overview of the Agency Mission, history and current programs/services. The Jubilee Center of South Broward has been a life line for the homeless and economically disadvantaged for more than 20 years. Its mission is to provide emergency resources and relief from hunger and despair. Services began in 1984 as St. John's Soup Kitchen and Office of Social Services working out of St. John's Church in Hollywood. In late 1995, St. John's joined three other congregations: St. James, St. Andrews, and St. Ann's to form the Jubilee Center and expand their services to the homeless and the poor. Services include a soup kitchen serving a hot lunch to 100-150 people each day and an Office of Social Service providing referrals for employment and emergency shelter as well as food stamp assistance, bus passes, and photo ids.

#### 2. DESCRIPTION OF PROGRAM/PROJECT (no more than 2 pages)

• Give a general overview of the Program/Project.

The Jubilee Center (Jubilee) is a place where there is hope for the hopeless, compassion for those who have found none, and unconditional love and support to all who arrive at our doors. Jubilee's programs offer a secure food source to individuals, families, and seniors struggling to make ends meet, on the verge of homelessness, or homeless.

With limited staff, Jubilee relies on trained volunteers to perform more than 75% of the organizations services. The soup kitchen is open Monday – Friday. A hot nutritious meal consisting of soup, protein, vegetables, dessert and beverage is served to approximately 100-150 people each day from 11:00am to Noon. Caring volunteers begin their day at 9:00am, preparing the food, setting the tables, and arranging the serving line. On Monday afternoons at 3pm, seniors receive their own special meal in their honor. While much of the food is donated, a good deal of it must be purchased from food banks and wholesalers.

The Office of Social Services is open Monday through Friday from 10:30am - 12:30pm. Staffed by trained volunteers, the office gives referrals for employment and emergency shelter, as well as to other appropriate service providers. Clients also receive help with clothing, transportation, photo identification, mental health counseling, HIV/AIDS testing Legal Aid, and Veteran's Assistance. A food pantry is available for families and individuals to receive baby food, formula and diapers for young children, hygiene kits, and survival food packs. Other services include: Nutrition counseling, unemployment compensation application assistance, Social Security Disability counseling, and food stamps assistance. We are also an "Access Site" for the Department of Children and

Families to qualify applicants for Food Stamps. Additionally, the volunteer staff work with other service agencies and organizations as a partner in the continuum of care for further assessment and treatment of the individual's or family's medical, mental health issues.

#### Provide a description of the Issue or Need for your Program/Project?

Broward Regional Health Planning Council's Food Security Report funded by the Children's Services Council stated that there is a growing problem with food insecurity and that it had a significant impact upon children. The report stated that 31% of all households that were eligible for food stamps actually receive them, 44% of all students enrolled in Broward County elementary schools qualified for free and reduced lunches, and that 15% of 56,873 of Broward's children lived in poverty. The report also spoke about food pantries documenting that they served 100 percent more clientele than they did two years prior. The report blamed lack of income, low paying jobs, high utility bills, transportation problems, and disabilities. While this report was written in 2004, the problem of food insecurity and the reasons stated above still exist today in Broward County. In fact, 211 Broward's End of the Year Summary (June 1, 2009 ~ July 31, 2010) reported that 79,318 calls or 50.1% of calls were for basic needs. Of that number, food and food stamp requests totaled 9,753.

#### How will your services address the City's Priority Area you selected?

According to the World Health Organization, health is described as "a state complete physical, mental, and social well-being and not merely the absence of disease or infirmity." The Oxford Dictionary of Sports and Medicine defines wellness as "a condition obtained when a person achieves a level of health that minimizes the chances of becoming ill. Wellness is achieved by a combination of emotional, environmental, mental, physical, social, and spiritual health."

By these definitions, Jubilee's food program and basic needs services address the City's Priority of Health and Wellness. Our clients are welcomed with an open heart and a listening ear. The meals we serve may be the only meal our clients have that day. Additionally, coming to Jubilee may be the only time they have for socialization. For families who have to choose between food and rent, our food pantry bags of food, formula, and diapers may be what keep them from becoming homeless. For others, our services may be a stepping stone in their journey out of poverty and homelessness.

#### Who will be served and number to be served?

Jubilee serves low income families, individuals, and seniors. Some are homeless and some on the verge of being homeless. All are poor, hungry, and with income below the poverty line. In 2010, the agency served 28,927 meals, distributed 7,616 bags of groceries, gave away 2,731 hygiene packages, issued 2,919 bus passes, and made 2,328 referrals to shelters and other agencies. In addition, the soup kitchen served 2,335 individuals and the office of Social Services served 5,748, plus 1,240 children received services from Jubilee.

#### Number of Hallandale Beach residents that you will serve.

In 2010, Jubilee served 579 clients from the City of Hallandale Beach. With the economy continuing to be in a down turn, we expect to serve as many clients as we did in 2010 and possibly more.

#### How will your services benefit participants?

Participants benefit from Jubilee's services through daily meals, food pantry bags, shelter referrals, and socialization.

- Will there be a Fee for services? There are no fees for Jubilee's services.
- Will you provide scholarships or waivers? N/A

#### How will the community benefit?

The community benefits by the assurance that the poor and homeless have a secure food source and place to come to receive basic needs assistance.

#### • Other agencies or organizations involved in the project?

Jubilee is an "Access Site" for the Department of Children and Families to qualify applicants for Food Stamps. Other agencies assisting us to provide services include Legal Aid, the Veteran's Administration, and Feeding South Florida Food Bank.

#### 3. METHOD OR STRATEGY FOR IMPLEMENTATION (no more than 1 page)

• Describe the specific activities to achieve Goals and Objectives.

A soup kitchen serves a mid-day hot meal Monday — Friday. Additionally, seniors receive a meal in their honor every Monday at 3pm. Our Office of Social Services is also open Monday — Friday providing clothing, bus passes, food stamps, and referrals for employment, emergency shelter, and to other appropriate service providers. Additionally, our food pantry gives out food, baby food, formula and diapers, hygiene kits, and survival food packs for the homeless.

- Who will be responsible for the overall project?
- What staff will be involved?

Jubilee has two people on staff: an Executive Director, Joyce Curtis and a bookkeeper/office supervisor, Michele Venable. However, the majority of the work performed at Jubilee is done by volunteers. This includes the Director of Volunteers, the Food and Kitchen Manager, Counselors who provide Case Management, and two van drivers who assist with picking up food donations.

#### Include potential partners or collaborations

To keep costs down, Jubilee relies on trained volunteers to perform more than 75% of its services. These volunteers come from congregations of the Episcopal Church, including St. John's Church, Hollywood; St. James in The Hills, Hollywood; St. Ann's, Hallandale Beach; St. Andrew's, Hollywood; All Saints, Ft. Lauderdale as well as many local synagogues and other religious and civic organizations. In addition, Jubilee is an "Access Site" for the Department of Children and Families to qualify applicants for Food

Stamps. Other collaborations include Legal Aid and the Veteran's Administration. In addition, a great deal of our weekly donations come from local restaurants and food wholesalers including BJ's, Entenmann's, Red Lobster, Cheesecake Factory, Pizza Hut, and most importantly, the Feeding South Florida Food Bank.

- What is the time frame for implementing the project? Our services take place daily, Monday Friday.
- Provide the locations of where you will provide services.
   The Jubilee Center is located at 2020 Scott Street, Hollywood, Florida 33020
- Days and hours of operations.

The Office of Social Services is open from 10:30am – 12:30pm. Lunch is served at 11:00am by the Soup Kitchen. Seniors are welcomed at 2pm for bingo and socialization on Mondays and served a hot meal at 3pm.

#### 4. EVALUATION (no more than 1 page)

- How will you address the issues/s, make improvements or achieve success? The Executive Director is the "hands on" manager of operations. She has years of training in proper procedures and is alert to all aspects of working with our clients. Issues are, thus, addressed on the spot with both professionalism and empathy. Changes and improvements are often made as administrative decisions, but many involve group discussion with staff, volunteers, and others to assure a thorough, long-term solution.
- What methods will you utilize to measure success or benefits (i.e. attendance, surveys, pre-post test, etc)?

We measure success by check-in sheets, Case Management records, client surveys, and volunteer reports.

• How often will you evaluate your services? Evaluation takes place every day by the staff and volunteers by observing and talking with clients.

#### 5. SUSTAINABILITY (no more than 1 page)

- If you receive 50% of the amount requested how will you operate services? We already operate on a bare bones budget with only two paid staff members and a majority of our services performed by volunteers. If we receive 50% of the amount requested, we will continue to operate services, however, we may not be able to serve as many clients.
- If you do not receive funding, will you still operate services?

  Again, we operate on a bare bones budget. If we do not receive funding, we will still be in operation. However, we may have to turn away some clients because of lack of funding.

- What other Funding Sources have you submitted requests for this program/project? We have submitted funding requests to the Emergency Food Shelter Program (EFSP), City of Hollywood, City of Dania Beach, Episcopal Charities, BJ's Charitable Foundation, Wells Fargo Foundation, Sun Sentinel Children's Fund, Stranahan Foundation, and Albert E. and Birdie W. Einstein Foundation.
- Have you been funded or received a commitment letter?

  We have received commitment letters from EFSP, City of Hollywood, City of Dania Beach, and the Episcopal Charities.
- What is your organization's Sustainability Plan for the next three years? Jubilee's Sustainability Plan for the next three years has as a foundation, our 25 year history as a volunteer, charitable organization with the backing of many Christian Churches, the support of several Jewish Synagogues, and a list of more than 400 active volunteers and a strong, committed Board of Directors. We anticipate a budget of about \$200,000 per year over the next three years, and have behind us the expenses of two major upgrades to our building a renovated kitchen with an approved exhaust hood and a replacement of our internal plumbing and drain field. In addition, we are currently negotiating a mortgage adjustment that will bring our interest costs more in-line with current property values and interest rates. We expect this will reduce our costs by over \$15,000 per year. Additionally, we will continue to seek new partnership opportunities with our local cities whose poorer residents benefit from our services of a nutritious meal and social assistance.

We have three traditional fund raising events that have been very successful over the past two years, and are expected to bring in even more funding through contract professional event planning. Last year for example, we added Andre Dawson – recent baseball Hall of Fame recipient, as an active and contributing sponsor of the Jubilee Center. The three events are an Annual Golf Tournament, Annual Gala, and Thanksgiving "Walk Against Hunger." This year, we also added two additional fund raisers and fully expect them to continue as annual events: a July Spaghetti Dinner and an Art Auction.

One of our strengths as a feeding organization is an extensive network of food donations from agencies and corporations. We recently purchased a low mileage heavy duty van which assures us access to these free sources of fresh food. Higher gas prices are anticipated, but will not be a critical part of our budget.

This year, we contracted with an experienced grant writer to research available granting sources and prepare grant requests. In the past, we were not very effective with grant writing. We expect with the professional assistance we will bring new funds to offset increases in our operating expenses and help to bring new programs on line. We believe our financial base is broad and sound, and with God's help, we will be strong and effective over the next three years and beyond.

#### **GRANT APPLICATION**

#### 6. BUDGET INFORMATION Please fill in information as requested.

#### PROPOSED PROJECT NAME: Jubilea Center Food and Basic Need Programs

ITEM	GRANT REQUEST	OTHER GRANT FUNDS	INKIND	JUSTIFICATION
Personnel Cost	2,000	52,400		One full time, one part-time
Consultants	0	19,000		Audit and Grant Writing
Supplies	4,000	25,500	10,200	Food and Non-Food Supplies
Equipment*	0	0		Not budgeted
Travel	1,500	5,500		Van/Fuel Expense to pick-up food donations
Facility Rental/Fees	2,500	62,200		Water, Utilities, Telephone, Garbage, and Mortgage
Marketing	0	6,000		Fundraising
Printing	0	0		See Other
Other (specify)	0	16,500		Administrative, Insurance, Training, Cleaning Svos.
TOTALS	10,000	187,100	10,200	TOTAL BUDGET: 207,300

\* Equipment purchased over \$500 may become the property of the City of Hallandale Beach.

The intent of funding is to provide direct services to residents; therefore Administrative Cost should be kept to a minimum. Please provide the amount or the percentage of Administrative Cost for this budget

CERTIFICATION

1 certify that the information contained in the Application, including Budget and Attachments (supporting materials) are true and correct to the best of my knowledge.

Signature of Authorized Representative

Date

LOAK) (HAIR
Title

May 6, 2011

City of Hallandale Beach Attn: City Manager's Office 400 S. Federal Highway Hallandale Beach, FL 33009

#### To Whom it May Concern:

I am pleased to submit the enclosed grant application. For more than 20 years, the Jubilee Center of South Broward has been a lifeline for the homeless and economically disadvantaged of South Broward County. It is a place where there is hope for the hopeless, compassion for those who have found none, and unconditional love and support to all who arrive at our doors. Our mission is to provide emergency resources and relief from hunger and despair.

We are very proud of the assistance we receive from our local city governments and hope you will continue to support our mission by approving funding for the Jubilee Center for the FY 2012.

If you have any questions, need further information, or would like to take a personal tour, please feel free to call the office at 954-920-0106 and speak with Joyce Curtis, Executive Director or email me at gibbien@gmail.com.

Best regards,

Gibbie Nauman

Director of Development

**Enclosures** 



In reply refer to: 0248344843 Sep. 21, 2009 LTR 4168C E0 65-0609182 000000 00 00024596

990243 BODC: TE

JUBILEE CENTER OF SOUTH BROWARD INC PO BOX 221340 HOLLYWOOD FL 33022-1340



128820

Employer Identification Number: 65-0609182
Person to Contact: Ms. Osborne
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of Sep. 10, 2009, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in December 1996, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Michele M Sullivas

Michele M. Sullivan, Oper. Mgr. Accounts Management Operations I

### Jubilee Center of South Broward Board of Directors

Allen Engebretsen 2775 Taft Street, #307 Hollywood, FL 33020

Alvaro Castaneda 3329 Wilson St Hollywood, FL 33021

Bill Bliss, Chairman 3156 North 34th Street Hollywood, FL 33021

Cam Trinh, Treasurer 2020 Scott Street Hollywood, FL 33030

Esther Panza, Member at Large 1501 NW 12th Avenue Dania Beach, FL 33004

George McAleese, Vice Chairman 4330 Hillcrest Drive, #600 Hollywood, FL 33021

Joyce Burney 616 S.W. 5th Ct Hallandale, FL 33009

Leon Clark 16503 Seqovia Circle S Pembroke Pines, FL 33331

Lucius Beard 31 NW 14th Ct. Dania Beach, FL 33004 Lucy Williams, Secretary 738 SW 3rd Street Dania Beach, FL 33004

Peggy Deleveaux 753 Foster Road Hallendale Beach, FL 33009

Rev. John J. Jarret 1052 NW 65th Street Miami, FL 33150

Rev. Matthew Faulstich 1704 Buchanan Street Hollywood, FL 33020

Rev. Orlando Addison 3329 Wilson Street Hollywood, FL 33021

Rev. Ronald Fox 705 NW 1st Avenue Hallandale Beach, FL 33009-2301

Rev. Ronald Lee Davis 5193 NW 74th Ct. Coconut Creek, FL 33073

Sarah Allen 1420 S.W. 104th Avenue Pembroke Pines, FL 33025

Joyce Curtis Executive Director 2020 Scott Street Hollywood, FL 33030

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## Detail by Entity Name

#### Florida Non Profit Corporation

THE JUBILEE CENTER OF SOUTH BROWARD, INC.

#### Filing Information

Document Number N95000004978

FEI/EIN Number

650609182

Date Filed

10/20/1995

State

Status

ACTIVE

Last Event

**AMENDMENT** 

Event Date Filed 10/25/1996

**Event Effective Date NONE** 

#### Principal Address

2020 SCOTT ST

HOLLYWOOD FL 33020 US

Changed 02.26/2010

#### Mailing Address

P.O BOX 221340

HOLLYWOOD FL 33022 US

Changed 04/19/2004

### Registered Agent Name & Address

BLISS, WILLIAM S MR. 3156 N 34TH ST HOLLYWOOD FL 33021 US

Name Changed: 04/05/2011

Address Changed 04,23/2007

#### Officer/Director Detail

#### Name & Address

Title S

WILLIAMS, LUCY 738 S W 3RD STREET DANIA FL 33004 US

Title T

CAM, TRINH 235 SE 9TH ST

## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004978

Apr 05, 2011 Secretary of State

Entity Name: THE JUBILEE CENTER OF SOUTH BROWARD, INC

Current Principal Place of Business:

New Principal Place of Business:

2020 SCOTT ST

HOLLYWOOD, FL 33020 üŚ.

**Current Mailing Address:** 

New Mailing Address:

₱ O BOX 221340

HOLLYWOOD FL 33022 US

FEI Number: 65-0609182

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BLISS, WILLIAM S

3156 N 34TH ST HOLLYWOOD, FL 33021

BLISS, WILLIAM S MR 3156 N 34TH ST

HOLLYWOOD, FL 33021 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

SIGNATURE. WILLIAM'S BLISS

04/05/2011

Date

Electronic Signature of Registered Agent

#### OFFICERS AND DIRECTORS:

Title

Name Address

City-St-Zip

WILLIAMS, LUCY 738 S W 3RD STREET **DANIA, FL 33004 US** 

Titte

CAM, TRINH Name Address 235 SE 9TH ST City-St-Zip DANIA, FL 33004 US

Title

BUSS WILLIAM Name Addres5 3156 NORTH 34TH ST City-S1-Zip HOLLYWOOD, FL 33021 US

Title

Name

MCALEESE, GEORGE Name Address 4330 HILLCREST DRIVE #600 City-St-Zip HOLLYWOOD, FL 33021 US

Title

ADDISON, ORLANDO FR 3341 HARDING ST

Address HOLLYWOOD, FL 33021 US City-St-Zip

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears above, or on an attachment with all other like empowered

SIGNATURE WILLIAMS BLISS

С

04/05/2011

**DANIA FL 33004 US** 

Title C

BLISS, WILLIAM 3156 NORTH 34TH ST HOLLYWOOD FL 33021 US

Title V

MCALEESE, GEORGE 4330 HILLCREST DRIVE #600 HOLLYWOOD FL 33021 US

Title D

ADDISON, ORLANDO FR 3341 HARDING ST. HOLLYWOOD FL 33021 US

#### **Annual Reports**

#### Report Year Filed Date

2009 03/11/2009 2010 02/26/2010 2011 04/05/2011

#### Document Images

046300114 467.1418.79797	View image in PDF format
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Note: This is not official record. See documents if question or conflict.

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Entity Name Search Submit

Department of the Treasury internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

CIVIE NO 1545 OCUT Open to Public Inspection

A F	or the	e 2009 calendar year, or tax year beginning and en	ding		
8 c	heck 1 oplicable	Presse Use IAS	D Employer id	entifical	tion number
	AU Jres Smar J	: Down DORITHE CENTER OF SOUTH BROWARD INC			
	_icvaudi _ivaudi	line	6 :	5-069	09182
	יאושי	See Number and street (or P.O. box if mair sinot delivered to street address). Ro	om/suite E Telephone no		
	J. Film'u	n Specific PO BOX 221340			20-1006
	Artenn Letur	City of town, state or country, and ZIP + 4	G wass receipts \$		314910.
Ĺ	Applic. tion pendin	MODELWOOD, FE 33022	H(a) Is this a gr	oup retu	
	penom	F Name and address of principal officer WILLIAM BLISS	for affiliate	57	Yes X No
		1923 BUCHANAN STREET, HOLLYWOOD, FL 330	) <b>20 H(b)</b> Are all artilia	tes includ	ded? Yes No
		empt status: X 501(c)   3	If "No," att	ach a lis	t. (see instructions)
		te: N/A	H(c) Group exe		
		organization: X Corporation Trust Association Other	L Year of formation: 19	95  <b>M</b> 9	State of legal domicile: F.L.
Pa	_	Summary			1101177
Governance	1	Briefly describe the organization's mission or most significant activities: PROVII	DES HOT MEALS	TO	HOMELESS
eĽ	2	Check this box    If the organization discontinued its operations or disposed	of more than 25% of its	net assi	
NO.	3	Number of voting members of the governing body (Part VI, line 1a)		3	16
~1	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	16
ies	5	Total number of employees (Part V, line 2a)		5	0
Activities &	6	Total number of volunteers (estimate if necessary)		6	420
Act	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12		7a	0.
<b>-</b>	ь	Net unrelated business taxable income from Form 390-T, line 34		7b	0.
	}_		Prior Year	77	Current Year
re		Contributions and grants (Part VIII, line 1h)	2842	11.	289825.
Revenue	ı	Program service revenue (Part VIII, line 2g)			
Re	ı	Investment income (Part VIII, column (A), lines 3, 4, and 7di			25085.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c and 11e;	2842	17	314910.
_	_	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), iir e 12:	2092	<u> </u>	
	l	Grants and similar amounts paid (Part IX, column (A), lines 1.3)		$\overline{}$	
48		Benefits paid to or for members (Part IX, column (A), line 4).  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).	1040	80.	99079.
ses		i Professional fundraising fees (Part IX, column (A), line 115)	1010		
Expenses		Total fundraising expenses (Part IX, column (D), line 25)			
Q		Other expenses (Part IX, column (A), lines 11a-11d 11f 24f)	2135	51.	206861.
	1	Total expenses. Add lines 13:17 (must equal Part IX, column (A), line 25)	3176		305940.
	19		~ 334		8970.
50		torondo loga en penaea, admitaer in en rom y kristien iz	Beginning of Curren	_	End of Year
ets	20	Total assets (Part X, line 16)	5437		531922.
ASS	21	Total habilities (Part X, line 26)	5217	64.	516573.
Net Assets or S	22	Net assets or fund balances. Subtract line 21 from line 20	219	66.	15349.
	art II				
		Under behalt esict beigny, I decare that I have examined this return indicating accompanying suffectives and complete. Decaration of preparer tother trian afficer is based on all information of which preparer has an	i statemenis, and io the best of my ly kiciwiedge	knowieda	e and belief it situe correct
			)		
Sig	_	Signature of officer	Date		
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		WILLIAM BLISS, CHAIRPERSON  Type or profit name and the			
_		Libra	) Theck it	=180Me	יו א ספתוולי הם חשום פי
Pa	ıd	Preparers Signature 02/01	1.00	3-86 *7	tructions)
19	eparer	Stylistics MITCHELL J. HOWARD CPA, P.A.	EIN >	. ]	
Us	e Only	yours it MITCHELL O. HOWARD CFR, 17A.  self-employed), 3800 S. OCEAN DR. SUITE 228	ELA P		
		address and HOLLYWOOD, FL 33019	2ncca n	n <b>&gt;</b> 4	54-454-1119
-	au iba		- nd. 8 ii	, <del>-</del> -	X Yes No
M	ay ine	IRS discuss this return with the preparer shown above? (see instructions)			TEL TES LL NO

	990 (2009) JUBILEE CENTER OF SOUTH BROWARD, INC 65-0609182 Fage:
	Statement of Program Service Accomplishments  Briefly describe the organization's mission None
	14011E
-	
_	
	Did the organization undertake any organicant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	It "Yes," describe these new services on Schedule ()
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If 'Yes,' describe these changes on Schedule O.
f	Describe the exempt purpose achievements for each of the organization sithree largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
Ź	allocations to others, the total expenses, and revenue, if any, for each program service reported.
<u> </u>	Code: ) (Expenses \$ 292448 - including grants of \$ ) (Revenue \$
,	Code: ) (Expenses \$ 292448. Including grants of \$ ) (Revenue \$ THE SOUP KITCHEN PREPARES NUTRITIONAL AND BALANCED LUNCHES FIVE DAYS
	EACH WEEK. FOR SOME INDIVIDUALS AND THEIR FAMILIES, THIS IS THE ONLY
1	FULL MEAL OF THAT DAY. (85 %)
-	
-	
-	
	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$
	THE SOCIAL CONCERNS OFFICE PROVIDES EMERGENCY FOOD AND CLOTHING TO INDIGENT AND HOMELESS PERSONS. (15%)
	INDIGENT AND HOMELESS PERSONS. (15%)
	<del>-</del>
	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$
	<del></del>
	<del></del>
_	
d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
	Total program service expenses ►\$ 292448.

932002 32 04-10

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	7		
_	If "Yes," complete Schedule A	_!_	X	
	Is the organization required to complete Schedule B, Schedule of Contributors?	_2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalt of or in opposition to candidates for	Í		X
,	public office? (* "res " complete Schedule () Far. (	3	_+	X
4 5	Section 501(c)(3) organizations. Did the organization engage in loobying activities? If "Yes," complete Schedule C, Part !"	4	+	<u>~</u>
J	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	_		
6	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
Ū	Did the organization maintain any donor advised funds or any similar funds or accounts where dunors have the right to provide advice or the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space.	}		<del></del>
·	the environment, historic land areas, or historic structures? If "Yes, somplete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<del>~</del> ∸		
	Schedule D, Part III	в	1	X
9	Did the organization report an amount in Part X, line 21; serile as a custodian for amounts not listed in Part X; or provide	<u> </u>	_	
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi endowments?			
	If "res," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or Y			
	as applicable	11	X	<u></u>
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? if "Yes," complete Schedule Di			
	Part VI.	` '		
•	Did the organization report an amount for investments, other securities in Part X, line 12 that is 5% or more of its total			l
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part V!!			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			\
	assets reported in Part X, line 16? If "Yes." complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	Į .		Į.
	Part X, line 162 'f 'Yes," complete Schedule D, Part X			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.  Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FI14 48° if "Yes" complete Schedule D, Part X			1
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
٠	Schedule D, Parts XI, XII, and XIII.	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes: No			_
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X	1		
13	Is the organization a school described in section 170/b)(1/(A) ii)? If Yes, "complete Schedule E	13		X
148	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grant making, fundraising, business,		-	
	and program service activities outside the United States? If 'Yes, 'complete Schedule F, Part I	146		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	_	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			.,
	located outside the United States? If "Yes." complete Schedule F. Part III	16	$oxed{\bot}$	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	$\vdash$	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part vIII, thes	1.0		X
	15 and 8a? If "res," complete Schedule G, Part II	18	$\vdash$	+
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a7 If "Yes,"	10		X
20	complete Schedule G, Part III  Did the organization operate one or more hospita's "If "Yes" complete Schedule H	19	+	X
20	the like organization operate one or more nespitals on the second prete deneration of the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second preterior or the second prete		990	1:2003
		i Uili		- 12003

			Yes	Nφ
2 1	Did the organization report more than \$6,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schenule I, Parts I and II	21		<u>x</u> _
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX	]		v
<b>5</b> 0	column (A), line 2º If 'Yes," complete Schedule I, Parts I and III	22		<u>x</u> _
23	Did the organization answer "Yes" to Part VII. Section A, and 3, 4, or clapped compensation or the urgalization's current		ļ	
	and former officers, directors, trustees, key employees, and highest compensated employees? If ires, complete	ı	ĺ	X
24-	Schedule J	23		
248	Did the organization have a fax exempt pend issue with an outstanding principal amount of more than \$100,000 as of the	1		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25			X
6	Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	246		—
_	any lax exempt bonds?	24c		
d	Did the organization act as an fight behalf of issuer for bonds outstanding at any time during the year?	240		
	Section 50 1(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part.)	25a		Х
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ا	$\neg$	
	that the transaction has not been reported on any of the organization is prior Forms 990 or 990 EZ? If "Yes," complete	<u> </u>		İ
	Schedule L. Pat I	250		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X	L
27	Did the organization provice a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		Х_
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			}
	instructions for applicable filing thresholds, conditions, and exceptions?	1		
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Ĺ	X
þ	A 'amily member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee or key employee of the organization for a family member) was	}		1/
	an officer, director, trustee, or direct or indirect owner? If "Yes" complete Schedule L. Part IV	28c	<b> </b>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<del> </del>	<del>  ^</del> _
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			X
3 -	contributions? If "Yes," complete Schedule M	30	-	1
31	Dd the organization liquidate, terminate, or dissove and dease operations?  If 'Yes,' complete Schodule M. Bart I.	}	}	X
32	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets" If "Yes," complete	31	+-	+^-
<b>3</b> 2	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1.5	$\vdash$	+
	sections 301 7701-2 and 301 7701 3? If "Yes," complete Schedule P, Part I	33		X
34	Was the organization related to any tax exempt or taxable entity?	1	†	1
	If "Yes," complete Schegule R, Parts II, III. IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512/bi(13)?		$\top$	1 –
_	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exemptinen charitable related organization?		T	1
	If "Yes," complete Schedule R, Part V, line 2	36	1	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		$\top$	
	and that is treated as a partnership for federal income taix purposes? If "Yes" complete Schedule R, Partivi	37		X
38	Did the organization complete Schedule Q and provide explanations in Schedule O for Part VI, lines 11 and 192		T	
	Note: All Form 990 filers are required to complete Schedule O	38	X	
	<del></del>	Fore	990	Legge

Par	1 VI Statements Penarting Other IDS Editions and Table BROWARD, INC 65-0609	182	Ра	ige 5
rai	t V Statements Regarding Other IRS Filings and Tax Compliance	—т:		
1-	Establish sumbarraneed a On 2 45 and a	<del></del>	Yes	Nο
18	Enter the number reported in Sox 3 of Form 1896, Annual Summary and Tronsmittal of U.S. Information Returns, Enter 0 if not applicable 1a 0			
<b>.</b>			Ì	
	Enter the number of Forms W-2G included in line 1a. Enter 0-if not applicable.  Did the greatization comply with hadden withhard as side forms as a few forms and a few forms and a few forms are forms.	-		
_	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (gambling) winnings to prize winners?	,_		
2a	Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements,	1c		
	filed for the calendar year ending with or within the year covered by this return.	ı I		
ь	If at least one is reported on line 2a, cid the organization file all required federal employment tax returns?	2b		
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return, (see instructions)	-25		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
	If "Yes," has it filed a Form 990 T for this year? If "No," provide an explanation in Schedule C	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
-	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
ь	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 92 22.1, Report of Foreign Bank and			l
	Financial Accounts.	1 \		l
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax snelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			
	provided to the payor?	7a		X
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of langible personal property for which it was required			
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal	]		
	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		1_
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	<u> </u>	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	<u> </u>	Щ.
В	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the	Ţ		
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
	at any time curing the year?	8	<u> </u>	ᆚ
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a	<u> </u>	
b	Old the organization make a distribution to a donor, donor advisor, or related person?	96	<del></del>	
10	Section 501(c)(7) organizations. Enter			
а				1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]	_	1	
11	Section 501(c)(12) organizations. Enter			
ā	Gross income from members or shareholders			
t	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.}			

12a

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b. If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 76 below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule 7. See instructions

					$\neg$	
12	Enter the number of voting members of the governing body	ایرا	1	16	Yes	No
	Enter the number of voting members that are independent	1a		16		1
	Did any officer, director, trustee, or key ample, se have a family relationship or a puisiness relationship	1b	20. 512			
-	officer, director, trustee, or key employee?	יוזויי כ	ብያን <u>ወይ</u> ነታ፣	2	İ	X
3	Did the organization delegate control over management duries customarily performed by or under the		d cumprision			<del></del>
	of officers, directors or trustees, or key employees to a management company or other person?	e direc	it supervision	3		X
	Did the organization make any significant changes to its organizations accuments since the prior For	ron DC/	1 was filed?	4	┼~	X
	Did the organization become aware during the year of a material diversion of the organization slasset:		J was inec:	5	┼─	X
	Does the organization have members or stockholders?	3 <i>:</i>		6		X
	Does the organization have members, stockholders, or other persons who may elect one or more men	mbars	of the	<u> </u>		
-	governing body?	.:116.014	or the	72		X
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other pen	sons?	<del>-</del>	76		X
	Old the organization contemporaneously document the meetings held or written actions undertaken i			\ \frac{\tau}{2}		
	by the following:	QQ111.Q	, are year			
а	The governing body?			82	, ] x	
	Each committee with authority to act on behalf of the governing body?			81	<del></del>	
	Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be rea	iche.	at the	<u> </u>		
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule C	1-1100	<b>4</b> 1 (1)	) <sub>9</sub>		X
Sec	ion B. Policies (This Section B requests information about policies not required by the Internal Re	eteau	e Code I			
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	*			Yes	No.
10a	Does the organization have local chapters, branches, or affiliates?			10		Х
	If "Yes," does the organization have written policies and procedures governing the activities of such	chapt	ers, affiliates.		<u> </u>	
_	and branches to ensure their operations are consistent with those of the organization?		,	10	ь	1
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fi	ılına th	ne form?	1	17	1
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	3			1	1
	Does the organization have a written conflict of interest polic,? If 'No,1 ga to line 13			12	a X	
	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	uld giv	ve rise			
	to conflicts?			12	b X	-
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	'Yes,'	" describe	140		X
• 1	in Schedule O how this is done			12	3	$\frac{\mathbf{x}}{\mathbf{x}}$
13	Does the organization have a written whistleblower policy?			-	_	$\frac{X}{X}$
14	Does the organization have a written document retention and destruction policy?				4	
15	Did the process for determining compensation of the following persons include a review and approv		incependent		-	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•			_	x
	The organization's CEO, Executive Director, or top management official			-	5a	$\frac{\Lambda}{X}$
ь	Other officers or key employees of the organization			18	5b	<del>  ^</del>
40	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	<b>.</b>	.e			Ļ
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	with a		_ )	₩
	taxable entity during the year?		4	· ·	6a	<u> </u>
þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evi			cc. )		
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization.	ganiza	ition s		~ .	
~	exempt status with respect to such arrangements?			1	66	
	List the states with which a copy of this Form 990 is required to be filed None					
17	Est the states with a neri a copy of this i offin social order of the	T (50)	11-11011	- (->)- (-		
18	Section 6104 requires an organization to make its Forms 1023 or 1024 if applicable), 990, and 990	i-i (50	T(C)(C)S Only/ a	Manable to	r	
	public inspection. Indicate how you make these available. Check all that apply.  Own website. Another six website. X Upon request.					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents.	confli	ict of interest p	oolicy, and	financ	ls:
_	statements available to the public			-		
20	State the name, physical address, and telephone number of the person who possesses the books	and r	ecords of the	organizatio	n.▶	
	JUBILEE CENTER OF SOUTH BROWARD INC - 954 920-100 2020 SCOTT STREET, HOLLYWOOD, FL 33020	Q	_			
	2020 SCOTT STREET, HOLLYWOOD, FL 33020					<b>90</b> 120

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of likey employees.
- List the organization's five current highest compensated employees notice, than an officer, director, trustee, or key employee; who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capabit, as a former director or trustee of the organization more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees, officers; key employees; highest compensated employees, and former such persons.

(A) Name and Title	(8) Average ficurs	(C) Position Icheck all that apply						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other		
	per week	Ingradual rustee of director	inscribbotial frustee	ו)(נורכּנ	Key employee	Highest compensated employee	forme"	from the organization (W-2/1099-MISC)	from related organizations (W 2*1099-MISC)	compensation from the organization and related organizations		
ILLIAM BLISS HAIRPERSON	4.00							0.	0.	) 		
UCY WILLIAMS ECRETARY	4.00			_				0.	0.	(		
AM TRINH REASURER	4.00	1				$\top$	-	0.	0.			
ONALD ROSE ICE CHAIR	4.00	1	<del> </del>	$\vdash$		-	-	0.	0.			
		<del> </del>					<del> </del>					
			<del> </del>		<u> </u>							
		+		-								
						-		_				
		+	+	1		+	+					
		+	\ \-\	+		1	1					
		$\dashv$	+	_	$\frac{1}{1}$		$\dashv$	_				

932007 02-04 10

Part VII Section A. Officers, Directors, Tru	stees, Key E	mple	yee	s, aı	nd }	ligh	est	Compensated Employ	yeas (continued)		
(A)	(B)			(C	<b>:</b> }			(D)	<b>(€</b> )	(F)	
Name and title	Allerage nours			Posi		3¢p		Reportable compensation	Reportable compensation	Estimate	
	per		100.	1	-	JEP	'/'	from	from related	other	•
	week	Individual bright or decide		ĺĺ		e.		the	organizations	compensa	
		5	星	1		lagitesi contrensated employee		erganization   erganization	W 2/1099 MISC)	from th Organizati	
		112	mstrokara trustre		ın:	100 P	Ì	14.5 (Caalinise)	İ	and relati	
		dividu	slituh	Ollicet	Key emplusive	Pare Pare	13			organ@ál	ons
<u></u>		=	=	ত	ž	25	=				
									}		
			<u> </u>						_	<del> </del>	
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			1			1					
1b Total			١.	l				0	. (	7.	0.
2 Total number of individuals (including but a	not limited to t	hose	e list	ed a	ıbo.	e) w	me r	received more than \$10	00,000 in reportable		
compensation from the organization						•			•		0
										Yes	No
3 Did the organization list any former officer			e k	ev er	mplo	oyee	, or	highest compensated	employée on		,,
line 1a? If "Yes," complete Schedule J for									-	3	X
For any individual listed on line 1a, is the stand related organizations greater than \$15									n the organization	4	$ _{\mathbf{x}}$
5 Did any person listed on line 1a receive or									rvices rendered to		<del>                                     </del>
the digarization? If "Yes," complete Sched						., .				5	X
Section B. Independent Contractors											'
1 Complete this table for your five highest o	ompensated i	ndep	e-d	lent	cơn	trac	tors	that received more that	in \$100,000 of comp	ensation from	i
the organization, NONE				_							
(A) Name and busines	= address							(B) Description of		(C) Compensa	lusa
	7 900.622							Cescription	1 3611/063	Compensa	
								<del>-</del>			
									<u>}</u>		
2 Total number of independent contractors	includios bu	† n=*	limi	ted 1		)ne A	et	ed above who receive	d more than		
\$120,000 in compensation from the orga		101		.ÇU		0	. 1136	os apore: Miloteralive	a more triait		
U. I I GGG M COMPCHISATION NOTH THE OTGA		_								- n	

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comple	ete column (A) but are	not required to comple	te columns (B), (C), and	(D).
Do r 76,8	not include amounts reported on lines 65, 35, 95, and 105 of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		UN POLICES	gonoral anglorous	<u>Onpor</u>
	organizations in the U.S. See Part 17, line 21	)			
2	Grants and other assistance to individuals in			-	
	the U.S. See Part IV, line 22	ì			
3	Grants and other assistance to governments				
	organizations, and individuals outside the U.S.	ĺ			
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members		_		
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			{	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	99079.	99079.		
8	Реляют plan contributions (include section 40 tik)				
	and section 403(b) employer contributions?				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	66941.	63166.	3775.	
þ	Legal				
c	Accounting				
q	Lobbying				
e	Professional fundraising pervices. See Part IV, line 17				
f	Investment management fees	5616.		5616.	
g	Other .	879.		879.	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy _				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				_
19	Conferences, conventions, and meetings	71-77-	7.7.7.		
20	Interes:	41667.	41667.		
21	Payments to affiliates		4173-2		
22	Depreciation, depletion, and amortization	14610.	14610.		
23	Insurance .				
24	Other expenses, Itemize expenses not tovered			(	
	above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
	expenses shown on line 25 below.)				
а		22410.	191887	3222.	
b	BUILDING REPAIRS	9457.			
c	VEHICLE AND TRANSPORT	7649.	7649		
d	NON SERVING SUPPLIES	7535.		1	
e	INSURANCE	7346.			
1	All other expenses	22751.			
25	Total functional expenses. Add lines 1 through 24!	305940.	292448	13492.	0
26	Joint costs Check here  if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation			1	

9320'0 02-04-10

Form **990** (2009)

Part X	Balance Sheet	

			(A) Beginning of year		(B) End of year
	1	Cash non interest-bearing	24464.	1	21674.
	2	Savings and temporary cash investments		2	
	3	Pleages and grants receivable, net		3	
ŀ	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5_	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L	_	6	
;   '	7	Notes and loans receivable, net	A	7	<del>- 7</del> 545
7	В	Inventories for sale or use	3680.	8	7705
`   '	9	Prepaid expenses and deferred charges		9	
'	Qа	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 561457.  Less accumulated depreciation 10b 74986.	515586.	ا ۔. ا	486471
١.			212280.	10c	4004/1
	1	Investments - publicly traded securities		11	
_   `	13	Investments - other securities. See Part IV, line 11		12	
- 1	13 14	Investments - program related. See Part IV, line 11 Intangible assets		13	16072
	15	Other assets. See Part IV, line 11		14	
	16	Total assets. Add lines 1 through 15 imust equal line 34)	543730.	16	531922
_	17	Accounts payable and accrued expenses	19764.	17	14573
	18	Grants payable		18	
- 1	19	Deferred revenue		19	
	20	Tax exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
<u> </u>	22	Payables to current and former officers, directors, trustees, key employees,		-	
Liabilities N N		highest compensated employees, and disqualified persons. Complete Part II			
בֿ		of Schedule L	2000.	22	2000
2	23	Secured mortgages and notes payable to unrelated third parties	500000.	23	500000
2	24	Unsecured notes and loans payable to unrelated third parties		24	
2	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities, Add lines 17 through 25	521764.	26	516573
		Organizations that follow SFAS 117, check here X. and complete			
S		lines 27 through 29, and lines 33 and 34.			
Net Assets or Fund Balances	<b>2</b> 7	Unrestricted net assets	8685.	-	15349
	28	Temporarily restricted net assets	13281.	28	
<u> </u>	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117, check here		1	
5		complete lines 30 through 34.			
: [ is	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid in or capital surplus, or land, building, or equipment fund		31	
ē	32	Retained earnings, endowment, accumulated income, or other funds	****	32	
2	33	Total net assets or fund balances	21966		1534
1	34	Total liabilities and net assets/fund balances	543730	• 34	53192

Form **990** (2009)

Рa	TXI Financial Statements and Reporting	7102	_	
			Yes	No
1	Accounting method used to prepare the Form 390 X Cash Accrual Dither			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		(	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	<u> X</u>	
ь	Were the organization is financial statements audited by an independent accountant?	2b	X	
c	if "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for eversight of the addit.			İ
	review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule 0	[		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:	<b>\</b>		1
	Separate basis Consolidated basis Both consolidated and separate basis		1	
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit		ļ	\ 
	Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		Form	990	2009

#### SCHEDULE A

Department of the Treasury

internal Sevenue Service

(Form 990 or 990-EZ)

### Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. See separate instructions.

Employer identification number

Inspection

Name of the organization

JUBILEE CENTER OF SOUTH BROWARD, INC 65-0609182 Reason for Public Charity Status (All organizations must complete this part : Sec instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only pre-box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a ocilege or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) An organization that normally receives, (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1, 3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h b Type II d \_\_\_\_ Type III - Other c \_\_\_\_ Type III - Functionally integrated a Lad Type I e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? 4 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(u) (iii) A 35% controlled entity of a person described in (i) or iiii above? 11g(iii) Provide the following information about the supported organization(s) (III) Type of (vi) Is the (iv) is the organization (v) Did you notify the (i) Name of supported (ii) £IN (vii) Amount of organizátion in col organization n col (i) listed in your | organization in col. support organization (i) organized in the (described on lines 1-9 ladvernina document? (i) of your support? U.S.? above or IRC section (see instructions), Yes Nο Yes No Yes No

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Schedule A (Form 990 or 990-EZ) 2009

Pa	irt II Support Schedule for (	Organizations	Described in	Sections 170	(ARD , INC (b)(1)(A)(iv) an	060 - 65 <b>7(A)(T)(A)(T</b>	9182 Page 2
	(Complete anly if you checked	t the ocx on line 5	or8 of Panti		1-2(1)(1)		,
Sec	ction A. Public Support		_				
Cale	endar year (or liscal year beginning in :	(a) 2005	(b) 3006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Gifts, grants, contributions, and			.,			
	membership fees received. (Do not			 			
	include any funusual grants ()					!	
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf		 				
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions			_			
	by each person (other than a		[		ĺ		
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the		!				
	amount shown on line 11,			ĺ			
	column (f)						
	Public support, Subtract ine 5 from line 4		· ·				0.
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in 📂	(a) 2005	(b) 2006	(c) 2007	(d) 2008	le) 2009	(f) Total
7	Amounts from line 4					_	
8	Gross income from interest,						ĺ
	dividends, payments received on				l .		
	securities loans, rents, royalties						1
	and income from similar sources						
9	Net income from unrelated business				)	]	
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain	<b>\</b>					
	or loss from the sale of capital				Í	Ì	
	assets (Explain in Part IV)						
	Total support. Add lines 7 through 10		<u></u>				0.
12	Gross receipts from related activities	, etc. (see instruc	lions)			12	
13	First five years. If the Form 990 is fo	r the organization	s first, second, th	rd, fourth, or fifth	'ax year as a sect	ion 501(c)(3)	
50	organization, check this box and sto ction C. Computation of Pub		orcontage			_	
_						144	.00 %
_	Public support percentage for 2009 (		·	column (f))		14	
15						15	
16	a 33 1/3% support test - 2009, if the c				14 s 33 1/3% or	more, check this b	ox and
	stop here. The organization qualifies					2/	. • —.
	b 33 1/3% support test - 2008. If the				d line 15 is 33 1/3	% or more, check t	this box
	and stop here. The organization qua						<b>▶</b> :
17	a 10% -facts-and-circumstances te						
	and if the organization meets the "fa					Part IV how the org	anization
	meets the flacts-and-circumstances						<b>D</b>
	b 10% -facts-and-circumstances te						
	more, and if the organization meets	the "facts-and cire	rumstances" test.	check this box an	id <b>stop here.</b> Expl	iain in Part IV how t	ne

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2009

organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

ection A. Public Support						
lendar year (or fiscal year beginning in	(a) 2005	(b) 2006	(c) 000°	(d) 2008	(e) 2009	(f) Total
Gifts, grants, contributions, and				_		
membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services pelformed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
Gross receipts from activities that are not an unrelated trade or business under section 513						•
Tax revenues levied for the organ- ization is benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to						
the organization without charge  6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5.000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b						
8 Public support Symmetry ambres:						
alendar year (or fiscal year beginning in	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	(8) 2002	(5) 2000	(6) 2007	(0) 2000	(6) 2003	(i) rotal
Oa Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income tless section 511 taxes i from businesses	_					
acquired after June 30, 1975						
c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11 and 12) \( \frac{1}{2} \) 14 First five years. If the Form 990 is for	the organization	i's first, second, th	ird, fourth, or lith	tax year as a sect		ization,
check this box and stop here						
Section C. Computation of Publi					[az ]	
15 Public support percentage for 2009 (II		-	column (f))	-	15	
6 Public support percentage from 2008 Section D. Computation of Investigation			e		16	
17 Investment income percentage for 20				١ .	17	
18 Investment income percentage from 2					18	
19a 33 1/3% support tests - 2009. If the						17 is not
more than 33 1 3%, check this box a						•
b 33 1/3% support tests - 2008. If the						
line 18 is not more than 33 1/3%, one						n 🕨
20 Private foundation. If the organization	in did not check	a box on line 14, 1	iga, or 196, sheck	this box and see	instructions	

### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury internal Revenue Service

## Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

2000 2000

Name of the organization Employer identification number JUBILEE CENTER OF SOUTH BROWARD. 65-0609182 Organization type (check one, Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990 EZ 4947(a)(1) honexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private (oungation Check if your organization is covered by the General Rule or a Special Rule, Note. Only a section 501(c);7), (8), or (10) organization can check boxes for both the General Rule and a Special Aute. See instructions. General Rule [X] For an organization filing Form 990, 990-EZ, or 990 PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II. Special Rules  $\perp$  For a section 501(c)(3) organization filing Form 990 or 990 EZ that met the 33-1-3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or no Form 990 EZ, the 1. Complete Parts I and II 🔟 For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. 🔟 For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the lear. contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc. purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year **▶** \$ Caution. An organization that is not covered by the General Rule and or the Special Rules does not file Schedule B (Form 990, 990 EZ, or 990-PR), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990 EZ, or on line 2 of its Form 990 PF, to certify

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that it does not meet the filing requirements of Schedule B (Form 990, 990 EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

### JUBILEE CENTER OF SOUTH BROWARD, INC

65-0609182

Part I	Contributors (see instructions)	<u> </u>	
(a) No.	(b) Name, address, and ZIP ÷ 4	(c) Aggregate contributions	(d) Type of contribution
1	BROWARD COUNTY SUBSTANCE ABUSE COATCH PROGRAM		Person X Payroll
	115 S ANDREWS AVE ROOM 303	s117308.	Noncash
	FORT LAUDERDALE, FL 33301		(Complete Part II f there is a noncash contribution.)
(a) No.	(b)  Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	EPISCOPALIAN CHAARITIES OF SOUTHEAST FLORIDA		Person X
	8895 MILITARY TRAIL SUITE 205C	s36970.	Payroll L Noncash;
	PALM BEACH GARDENS , FL 33410		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	CITY OF HOLLYWOOD		Person X
	2600 HOLLYWOOD BLVD	s17032.	Payroll
	HOLLYWOOD, FL 33020		(Complete Part It if there is a noncash contribution)
(a) No.	(b) Name, address, and Z!P + 4	(c) Aggregate contributions	(d) Type of contribution
4	MR AND MRS W. BLISS		Person <u>X</u>
	3156 N 34 ST	\$\$	Payroll Noncash
	HOLLYWOOD, FL 33021		(Complete Pan II if there is a noncash contribution)
(a) <b>N</b> o.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	EFSP GATEWAY	.	Person X
	291 SE 1 TERRACE	s10500.	Payroll Noncash
	DEERFIELD BEACH, FL 33441		iComplete Part II if there is a noncash contribution j
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	REV MARLA WEEKS foundation	-	Person X
	7350 SW 162 STREET	s10000.	Payroll
	VILLAGE OF PALMETTO BAY, FL 33316		(Complete Part II if there is a noncash contribution)
923452 02	-0*-*0	Schedule 8 (Fori	n 990, 990-£Z, or 990 PF) (2009

Name of organization

Employer identification number

# JUBILEE CENTER OF SOUTH BROWARD, INC

65-0609182

Part I	Contributors (see instructions)		
(a) No	(b) Name_address, and Z:F + 4	(c) Aygr agata contributions	(d) Type of contribution
7	ST JAMES IN THE HILLS EPISCOPAL CHURCH 3329 WILSON STREET HOLLYWOOD, FL 33021	s8104.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8	ALL SAINTS EPISCOPAL CHURCH  333 TARPON DRIVE  FORT LAUDERDALE, FL 33301	s5300.	Person X Payroll Noncash (Complete Part II if there Is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9	N.A.S.A 18300 SW 122 STREET MIAMI, FL 33196	s5000.	Person X Payroll Noncash (Complete Part II if there is a noncash centribution.)
(a) No.	(b) Name, address, and Z!P + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash [Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
923452 02	201.0	\$Schedule B (For	Person Payroli Noncash (Complete Part II if there is a honcash contribution i

wherea 3 form 200 300 62 or 100 FF, 14591 Name of organization Employer identification number JUBILEE CENTER OF SOUTH BROWARD, INC 65 0609182 Part II Noncash Property (see instructions) (a) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Partl (a) Nο. (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Parti {a; (c) Nα. (d) (b) FMV (or estimate) from Date received Description of noncash property given (see instructions) Part 1 (a) (c) Nο. (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I (a) (c) N٥ (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part 1 (a) (c) No. (p) (d) FMV (or estimate) from Date received Description of noncash property given (see instructions) Part I

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

920463 02 01-10

323454 02-03-10 Schedule B (Form 990, 990-EZ, or 990 PF) (2009)

### Schedule D

(Form 990)

Cepartment of the Treasury तालाका Revenue Sarvice

# Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2009
Open to Public Inspection

Name of the organization

JUBILEE CENTER OF SOUTH BROWARD, INC.

Employer identification number 65-0609182

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	is or Accounts. Complete if the
	grganization arswered "Yes" to Form 990, Pan Willia.	e 6	
		(a) Denor advised funds	(b) Funds and other accounts
7	Total number at end of year		
2	Aggregate contributions to (during vezr)		
3	Aggregate grants from iduning years		
4	Aggregate value at end of year		
5	Did the organization informall donors and donor advisors in	writing that the assets held in degor adv	used funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		<del></del>
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	and the particular of the state of the particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular particular parti	Yes No
Par	t II Conservation Easements. Complete if the ore	ganization answered "Yes" to Form 990.	
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use is g. recreation or j		nistorically important land area
	Protection of natural habitat		entified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization heid a quali	afied conservation contribution in the for	m of a conservation easement on the last
	day of the tax year.		0 4 50 Mac 14(16) 1225 217 51 E17
	-,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
_	Number of conservation easements on a certified historic sta	nucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	• •	2d
3	Number of conservation easements modified, transferred, re	•	
•	year ▶	Siedele J. OAR Igalantes J. St. Co. Middle C. Sy.	are organization downs the tax
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe		
-	violations, and enforcement of the conservation easements		☐ Yes ☐ No
6	Staff and volunteer hours devoted to mornitoring, inspecting		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each consenation easement reported on line 2(d) abo		
	and section 170(h)(4)(B)(ii)	50,00 y man 15quine 12 3 30 30 40 5 1	Yes No
9	In Part XIV, describe how the organization reports conserva	ition easements in its revenue alid exper	
Ū	include, if applicable, the text of the footnote to the organization		
	conservation easements.		to the digamentor a social time,
Pa	rt III   Organizations Maintaining Collections	of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116, r	not to report in its revenue statement and	d balance sheet works of art. historical
	treasures, or other similar assets held for public exhibition,		
	the footnote to its financial statements that describes these		, , , , , , , , , , , , , , , , , , ,
-	If the organization elected, as permitted under SFAS 116, t		slance sheet works of art, historical transferes
_	or other similar assets held for public exhibition, education,		
	these items:	, or redecing in factorization of poorie ser	vioo, provide the foliations amounts relating to
	(i) Revenues included in Form 990. Part VIII, line 1		<b>L</b> C
	(ii) Assets included in Form 990 Part X	•	• \$ • \$
^	•	reassures or other similar assets to foor	
2	If the organization received or held works of art, historical to		noiai gailt, provide
	the following amounts required to be reported under SFAS	The relating to diese items.	•
	Revenues included in Form 990, Part VIII, line 1		▶ \$ ▶ \$
	Assets included in Form 990, Part X		<b>&gt;</b> 3

EHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 932051 02-01-10

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

### SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internel Revenue Service

# Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 2€, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V, line 38a or 40h.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2009

Open To Public Inspection

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	Complete it the organ	ization aris	wered Yes	s" on Form 990, Part IV	line 25a or 2	50 or Form	n 990-=	4. Fan	v. '.ne 40		(c) Carr	ested
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section	4958			n managers or disqualit		during the	vear un	der	<b>▶</b> 5 <b>▶</b> 5			
art II	Loans to and/or	From In	terested	Persons.	_							
	Complete if the organ	ization ans	wered "Ye	s" on Form 99 <u>0</u> , Part IV	line 26, ar F	orm 990-E	Z. Part \	/, line 3	8 <u>£</u>			
<b>\</b> -,	no of interested n and purpose		to or from anization?	(c) Original principal amount	(d) Balar	nce tue		) in	hy b	proved pard or mittee?	{g}₩ ayree	ritten ment
<del>*• • • •</del> •		To	From		ļ	0000	Yeş	No	Yes	No	Yes	No
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Anl						2000						
			_	Interested Person	15.	2000.						
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	Complete if the organ	nization ans	_	Interested Person es on Form 990, Part IV (b) Relationship betw	is. Ine 27 reen interest		and		(c) A			of
Part III	Complete if the organ	nization ans	_	Interested Person es on Form 990, Part IV (b) Relationship betw	is. Ine 27 reen interest		and		(c) A			sf
art III	Complete if the organ	nization ans	_	Interested Person es on Form 990, Part IV (b) Relationship betw	is. Ine 27 reen interest		and		(c) A			of
art III	Complete if the organ	nization ans	_	Interested Person es on Form 990, Part IV (b) Relationship betw	is. Ine 27 reen interest		and		(c) A			of
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See Schedule O for Schedule L Continuations

### SCHEDULE O

Department of the Treasury

II.eina Gavenie Service

(Form 990)

# Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Attach to Form 990.



Name of the organization

Employer identification number JUBILEE CENTER OF SOUTH BROWARD, 65-0609182 INC Form 990, Part VI, Section B, line 11: A COPY WAS PROVIDED TO THE CHAIRPERSON PRIOR TO THE SUBMISSION OF THE TAX RETURN. THE RETURN IS THEN REVIEWED WITH THE BOARD. Form 990, Part VI, Section C, Line 19: ALL ITEMS ARE AVAILABLE UPON REQUEST Schedule L, Part II, Loans To and From Interested Persons: (a) Name of Person: WILLIAM BLISS (a) Purpose of Loan: ASSIST WITH CASH SHORTFALL

2009 DEPRECIATION AND AMORTIZATION REPORT FORM 990 Page 10

ENTS  T  Ge 10 Total								ner ner	I SECTION I
e 10 Total	800890	360M	43	5792.		5792.	. 76		193.
e 10	18600E90	5.00	19B	3913.	1957.	1956.			2153.
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Frogram pervices						_	_		
IREFRIGERATOR 0	063000200DB5.0	5.00 1	17	14744.		14744.	14744.	_	0
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				569287.	225.	569062.	59171.	0	14610.
	-		-	578992.	2182.	576810.	59268.	0	16956.

(D) Asset disposed

• ITC, Section 179, Salvage, Bonus, Commercial Revitaliz

# 4562

Department of the Treasury internal Revenue Service (29)

# Depreciation and Amortization

(Including Information on Listed Property) ➤ See separate instructions.

990

Name(s) snown on return

► Attach to your tax return. Business or activity to which this form relates

	OUTH BROWARI		n 990 P			65-0609182
Part   Election To Expanse Cartain Part			ed property, d	complete Part V	'before yo	u complete Pad !-
<ol> <li>Maximum amount. See the instruct</li> </ol>					1	250000.
2 Total cost of section 179 property					2	~ ~ ~ ~ ~ ~ ~
3 Threshold cost of section 179 prop					3	800000.
4 Reduction in limitation, Subtract lin					4	
5 Dollar limitation for tax year Subtract line 4 fro		0. If married bling separately see	uzurctiouz		5	
6 (a) Description	of properly	(b) Cost (busine	ss use only)	ic) Elected	cost	
	<del> </del>					
7 Listed property. Enter the amount			7			
8 Total elected cost of section 179 p		in column (c), lines 6 and	7		8	_
9 Tentative deduction. Enter the sma					9	
Carryover of disallowed deduction					10	
1 Business income limitation. Enter t		·			11	
2 Section 179 expense deduction, A	- '		. —		12	
3 Carryover of disallowed deduction			13			
lote: Do not use Part II or Part III belo		<u> </u>				
Part II Special Depreciation All		•				
4 Special depreciation allowance for	qualified property (oth	er than listed property) pl	aced in servic	e during		1957
the tax year					14	1337
5 Property subject to section 168(f)(	•				15	
6 Other depreciation (including ACR			`		16	
Part III   MACRS Depreciation (D	o not include listed pr		)			
		Section A			1.7	14219
17 MACRS deductions for assets pla	•			_	17	19417
18 If you are electing to group any assets placed		into one or more deneral asset acc				
Section N - As	sets Placed in Servic				_i ation Svst	ėm
(a) Classification of property	ib) Month and year placed	e During 2009 Tax Year (b) Basis for depreciation (b) siness/investment use		neral Deprecia		em (g) Depraciation deduction
(a) Classification of property	ib) Month and	e During 2009 Tax Year ic-Basis for depreciation	Using the Ge	neral Deprecia		
(a) Classification of property  19a 3-year property	ib) Month and year placed	e During 2009 Tax Year ici Basis for depreciation (business/investment use only - see instructions)	Using the Ge (d) Recovery period	fer Convention	ill Meinad	(g) Depréciation seduction
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LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2009)

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44 Total. Add amounts in column if). See the instructions for where to report

Form 4562 :2009)

916252 11-04-09

# Saint John's Episcopal Church

1704 Buchanan Street, Hollywood, FL 33020 Tel 954-921-3721 Fax 954-921-6708 Email: episcatt@gmail.com Website: www.stjohnshollywood.org

Human Services Grants Dept. City of Hallandale Beach 400 South Federal Highway Hallandale Beach, Florida

April 29, 2011

Re: Support for Grant request for the Jubilee Center

Dear Grants Director:

We at St Johns Church support the Jubilee Center of South Broward, and their request for funding from the City of Hallandale Beach. The Jubilee Center serves the homeless and the poor by providing social services and a critical feeding program to Hollywood. Hallandale Beach and other local communities. The have been doing this for well over 20 years.

As the recession continues, they are seeing increasing numbers of individuals who have lost their jobs, their homes and their cars. An 1800 calorie meal is a Godsend for so many.

Your support for the Jubilee Center is support for our communities. Our church supports the Jubilee center with volunteers, find raisers and grant support. In fact volunteers provide about 80% of the work done at the Center.

I ask for your maximum support with funding for their operations

For matthew Facultich, Restor

Sincerely,

# ST. JAMES IN-THE-HILLS EPISCOPAL CHURCH Serving Christ and the Anglican/Episcopal Community in Hollywood, Florida

Fr Orlando I. Addison Rector

City of Hallandale Beach 400 S. Federal Highway Hallandale Beach, Florida 33009

April 29, 2011

Subject: Agency Grants - Jubilee Center of South Broward, Inc.

Dear Commissioners:

This letter is to support the Jubilee Center of South Broward. Inc. who is applying for funding support. This organization has a longstanding record of good work in providing social services to this community to benefit our homeless and poor.

Jubilee Center services include nutritious feeding of the poor, direct social services of counseling, providing emergency needs, and partnering with other social service organizations. They offer Legal Aid, Veterans assistance, HIV testing and many other services by other organizations which come to the Jubilee Center

During 2008, in their Social Services operation, the Center assisted over 2700 children, including placement at shelters. This up from helping 1240 children the prior year. Because of this hard recession, it is reported that last year, (2008) they provided over 74,000 meals to their clients. This is a 74% increase over the prior year.

The Jubilee Center's good works affects us all. There is a clear relationship between a strong, caring, social service agency, and a lower crime rate in the community. By offering essential nounshment and referrals to key agencies, people are provided a chance to avoid homelessness. Many obtain work. Shelter is found for others, and many are helped to return to their hometowns.

Support for Jubilee Center is in our heat interests as citizens, because they reduce the number of hungry on the attendes and hope for so many.

This organization fills an important void in Hollywood social services. And, of great importance, almost 80% of their work is done by volunteers

The Jubilee Center has served our community well for over 25 years. They provide important social services in Hollywood and our surrounding communities. I urge your support in providing them the necessary funding for their operations.

Singerely yours,

Fr. Orlando J Addison

Rector

3329 WILSON STREET HOLLYWOOD, FLORIDA 33021. Phone 1954) 987-2203 Faz (954) 987-5746
E-mail: eliamerinthehil@bellsouth.net

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2501 SW 32 Terrace Pembroke Park, FL 33023-7707 954-518-1818 (phone) 954-983-1313 (fax)

#### Agreement

Sub-Distribution of United State Department of Agriculture (USDA) Emergency Food Assistance Program (TEFAP) to a recipient Agency.

A member agency needs to comply with a few distribution guidelines in order to become eligible to receive USDA, commodities through Feeding South Florida. These commodities are available to agencies providing food assistance exclusively to low-income and unemployed households and needy homeless persons to relieve situations of emergency and distress on a regular basis.

### Eligibility

Distribution of commodities to Sub-Distributors (Agencies) will be based on an established two-tier system defined by the Department of Agriculture:

First Priority- Will be given to emergency feeding organizations that relieve situations of emergency and distress (1) Soup Kitchens; (2) Pantries; and other Food Banks

Second Priority-After the need of the first priority agencies have been met, any remaining commodities may be distributed to other eligible recipient agencies which serve the needy but do not relieve situations of emergency and distress such as (1) charitable institutions. (2) temporary shelters (1-2 nights); (3) transitional living centers, (4) substance abuse rehabilitation centers; (5) summer camps for children or other child nutrition programs, etc.

The amount of food received by Feeding South Florida from the Department of Agriculture is limited and as such we cannot guarantee to supply every member agency with everything needed to satisfy all feeding requirements USDA commodities may not be sold, exchanged, traded or donations received. Non-compliance will result in a criminal offense with a legal fine of \$10,000 and 10 years in prison at a federal criminal institution.

### 1 Sub-Distributor (agency) acknowledges that

It is an emergency feeding organization as defined in the two-tier system. It is located within the county where the distributing food bank operates.

2 Sub-Distributor agrees to.

Administer all pertinent policies, rules, regulations, and any procedures established by the Department of Agriculture and Feeding South Florida

Distribute USDA TEFAP commodities only to benefit eligible people served in the designated county

In accordance with Federal law and U.S. Department of Agriculture policy this institution is prohibited from discriminating on the babb of race, color national origin, sex, age, or disability (Not all prohibited bases apply to all programs.)

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 independence Avenue, SW, Washington, DC 20520-9410 or call (800) 795-3272- (202) 720-6382 USDA is an equal opportunity provider and employer

Determine eligibility of households prior to issuing any TEFAP commodities for household consumption. In the case of self-declaration, use the current income eligibility chart issued by the Florida Department of Agriculture which is effective July 1st to June 30th of each year.

Use TEFAP commodities only for distribution to eligible households or for congregate feeding. TEFAP commodities shall not be sold, exchanged or otherwise disposed of. Donations may not be accepted as this becomes an exchange for food.

Allow Feeding South Florida and the Department of Agriculture access to or furnish whatever information is necessary to conduct reviews and monitor progress or performance to determine conformity with the intended program purpose. The sub-distributor shall permit representatives from Feeding South Florida and the Department of Agriculture to visit its distribution sites, inspect donated food in dry storage, the facility used in handling or storing donated food, the food equipment storage, monitoring of the distribution, review and audit of reasonable time during normal working hours.

Not to require any client to pay for TEFAP commodines, join any organization or group attend or participate in a religious practice or service, or any other activity unrelated to the distribution of TEFAP commodities, as a condition for receiving TEFAP commodities. Donations shall not be solicited or received in any manner from clients.

Agescy Name Jubilee Center of South Brown
Agency Administrative Address: Po Box 221340 Holly wood fa 33022
Phone # 954 920-0106 Fax#: 954 920 -7799 Email Jubileehwd@ hotmail. con
Agency Distribution Address: 2020 Scott Street Hullywood CL 33020
Phone# 954 920 - 0106 Fax: 954 920 - 7799 Email: Jobilee hud @ hotmail. wm
Agency Program Administrator, Director Name: Joyce Curtis
Phones 954 920 - 0106 Fax: 9540 920 . 7799 Email Jubilechwd Chotmail 6m
Agency Program Contact Person's Name. Michele M. Venable
Phone = 954 920-0106 Fax: 954 920.7799 Email Jubileehud@hotmail. Lom

Distribution Information:

Agency Primary Information

No member agency of Feeding South Florida shall be authorized to distribute food to another non for profit organization. As per this agreement all donated food must go directly to the distribution site and must be used solely for the intended use as stated in the Membership Application; i.e., providing free products to the needy

Does your program receive United States Department of Agriculture commodities from any other emergency mass distribution center?

YИ	
If YES, please specify the name of the Organization's, if NO	then please initial each line
1)	

In accordance with Federal law and U.S. Department of Agriculture policy this institution is prohibited from discriminating on the basis of race, edior has one origin, for age, or disability (Not all prohibited basis apply to all programs).

To file a complaint of discrimination, write USDA. Director, Office of Cov. Right, Room 126-W. Whitten Building, 1400 Independence Ariense, SW. Washington, DC 10326-9415 or call (400) TS 1711 (201) TSD-6362 USDA is an equal opportunity provider and employer.

3)
Hows of Tramibution Soup Kitchen Ham-noon Pantry 10:30am-12:35pm
Days of Distribution Monday - Friday  Families Singles Other  Weekly X Bi-Weekly X Monthly as Needed Other
Weekly X Bi-Weekly X Monthly as Needed Other
Number of Meals served per week: 650
Number of Boxes distributed per week:
Number of food Bags distributed per week:
How many families do you serve every week? 40
How many individuals do you serve every week?
Administrative Information:
Agencies must maintain copies of all paperwork, and invoices containing USDA commodities invoices for three years, and current year
Review your invoices and provide the number of pounds of food your agency currently receives from Feeding South Florida (select one)
Weekly Bi-Weekly: Monthly: 12 628  Review your invoices and provide the number of USDA commodities your agency receives from Feeding South
Florida if this is a renewal Agreement (select one):  Weekin Bi-Weekly: Monthly: 929
Definitions
A) Food Pantries. Any emergency feeding organization distributing TEFAP commodities to households for home consumption must keep a record, for each day they distribute food, of the names of all nouseholds that receive food. It is recommended that site staff have the recipient sign a receipt or list at each distribution. Agency must provide the food bank with copies of the distribution records (logs and TEFAPs) collected weekly and bring or submit those copies to the Food Bank at each shopping trip. It is not a Federal requirement to record the specific food or quantities issued to a household.
B) Soup Kitchens. Sites do not have to maintain records of the names of people to whom they serve meals and meal recipients do not have to sign for their meals. The agency <u>must</u> provide the Food Bank with copies of the distribution records (bead or plate count of meals served) at each feeding and bring or submitthese records to the Food Bank at each shopping trip.
In accordance with Federal law and U.S. Department of Agriculture policy this institution is prohibited from discriminating on the basic of
race, color national origin, sex, age, or disability (Not all prohibited bases apply to all programs)

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 306-W, Whiten Building (1400 independence Avenue, SW, Washington, DC 30520 9110 or call (800) 795-3272- (2021 700-6380 USDA is an equal opportunity provider and employer

### U.S.D.A commodities receipts overview:

In order to remain eligible for USDA commodities certain standards must be maintained. The standards for an emergency Food Pantry are as follows.

Temperature Chart located in each food storage area with the temperature recorded once daily. Sumple thermometers need to be placed in each dry storage area and dedicated to each piece of equipment. Freezers must maintain 40 to -10 degrees and refrigerators 35 to 41 degrees. This chart attached to a clipboard on the wall and attached to the equipment itself is a good display of recordkeeping. The reproducible temperature chart is enclosed.

Pest Control Chart must be located in each dry storage area. This chart should be initialed and dated at each application with the vendor identified at the top of the form. In this way, proof of application is easily communicated. This chart attached to a clipboard and hanging from the wall in the dry storage area is the best place for quick retrieval of information.

The Emergency Food Assistance Program (TEFAP) Certification of Eligibility to Take Food Home. This form must be completed by the food recipient representing the family. TEFAP form is good for one year. Once the individual family representative has completed the form the Distribution Log must be signed before food is disbursed. It is recommended that the TEFAP form be kept alphabetically in a bunder for easy reference and retrieval. Copies of these TEFAPs must be brought in at each shopping experience in order to continue to receive USDA commodities. A reproducible TEFAP program form is enclosed.

Food Distribution Log. Agencies must capture the signatures of each food recipient on the log at each feeding. If the person or family is returning to your agency their day then that person or family only needs to sign the log since the TEFAP was previously completed. Copies of logs must also be brought to Feeding South Flonds at each shopping expenence in order to continue to receive commodities. A reproducible log is enclosed

Termination. This Agreement may be terminated by either party, for cause, upon no less than thury(30) calendar days notice, unless a lesser time is mutually agreed upon by both parties. Said notice shall be delivered in writing by certified mail, return receipt requested, or in person with proof of delivery.

If you are contributing to the community as a Soup Kitchen the requirements change. The Temperature and Pest Control charts must be in the food storage area. The TEFAPs and logs are not needed for a Soup Kitchen. There is a requirement to record the number of meals served. This is accomplished by counting the number of people fed or counting the number of plates served. An ordinary calendar can be used to capture these numbers. These numbers must then be communicated to Feeding South Florida on written correspondence indicating the number of meals served before we can release additional commodities for your distribution needs.

I have read through this Agreement; I understand the rules and regulations governing the distribution of USDA commodities from Feeding South Florida.
Authorized Agency Representative Signature.
Date 9-21-10 Title: EXECUTIVE DIRECTOR
Please Print your Full Name Joyce Curtis.
Feeding South Florida Employee Signature.
Date Title:
Please Print your Full Name

Storage Facilities. The Sub-Distributor (agency) certified that it has secured storage within the agency facility that protects USD A TEFAP Commodities. The agency agrees to record temperature readings once daily in every place commodities are stored whether the location of the merchandize is located in the freezer, cooler or dry storage space. USDA considers any loss of commodities due to freezer or refrigeration failure as negligance and subject to less claim action (agency pays market value for products loss through negligance).

#### STATEMENT OF UNDERSTANDING

By signing this page, I understand that my contract has been renewed for one (1) year as of the date of the visitation. I also acknowledge the presence of a member of the Agency Relations Department at my agency this date. Feeding South Florida agrees to uphold and maintain confidentiality of the information supplied by all member agencies.

- 1. Feeding South Florida does NOT SELL FOOD. The Shared Maintenance Fee program is authorized by America's Second Harvest to help food banks offset warehousing and distribution costs, not the agencies of food banks.
- 2. Feeding South Florida products / foods may NOT be sold, traded, bartered, or given in exchange for donations or compensation OF ANY KIND UNDER ANY CIRCUMSTANCES.
- Food / products must be used SOLELY for the intended use as stated in the Membership Application; i.e., providing free products to the needy.
- Agency changes made to the information on file is the responsibility of your agency to keep Feeding South Florida informed. Changes not kept current subjects the agency to suspension. For example, a change of address may mean a change in location for the feeding program and the new site would have to be visited. In order to maintain communication we ask that your agency notify Agency Relations at Feeding South Florida of any changes by phone within one week (5 business days) and two weeks (14 days) to submit all changes in writing. We will keep all written information in your agency file for historical purposes and reference.
- 5 Method of invoice resolution is by agency check or money order; personal checks and cash are not an acceptable form of payment.
- There can be absolutely NO discrimination on the basis of race, color, ethnicity, national origin, sex, religion, disability, age, etc. in the distribution of the products received from Feeding South Flonds.
- 7. Feeding South Florida reserves the right to suspend or deactivate agencies not in compliance with the guidelines set forth by our donors as indicated above
- 8. All food / products MUST be taken directly to the address on file as the distribution address with no exceptions. We cannot encourage improprieties or activities of a suspicious nature
- 9. Feeding South Flonda will maintain the confidentiality of proprietary information, which includes but is not limited to, client / donor lists or information, materials, plans, ideas, financial information, and data, of the agency, information entrusted to the Food Bank by donors or customers that is otherwise not readily available to the public that Feeding South Florida may obtain

I nave read the above and understand the guidelines as stated for membership with Feeding South Florida Agency Signature X Date 9.21-10

Please Print Your Full Name: Joyce Curry S

In accordance with Federal law and U.S. Department of Agnoulture policy this institution is prohibited from discommenting on the basis of race, color national origin, sex, age, or disability (Not all prohibited bases apply to all programs.)

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights. Room 326-W. Whitein Building, 1400 Independence Avenue, SW, Washington, DC 20520-9410 or call (300) 795-3270- (202) 720-6382 USDA is an equal opportunity provider and employer

# Joyce Curtis

1107 Buchanan St. Hollywood, FL 33019 954-922-7683 954-673-8104 (cell) joycesfood@aol.com

## **PROFILE**

- Highly motivated professional experienced in business and social service sectors
- Excellent interpersonal and communication skills
- Strong organizational and time management abilities
- Proficient in marketing and strategy planning
- Knowledgeable in business development techniques
- Successful leader and motivator
- Public speaker (awarded "outstanding" by United Way of Broward County)
- PC competent
- Skilled in client outreach communications

## PROFESSIONAL EXPERIENCE

### June, 2009 <u>EXECUTIVE DIRECTOR</u>

To present Jubilee Center of South Broward, Inc. Hollywood, FL

Responsibilities: Oversecing the day to day operation of the Soup Kitchen and Pantry, managing the Office of Social Services, overseeing the day to day operation, recruiting and training staff, directing and supervising employees, community service workers, volunteers, organizing the flow of food/clothing donations, searching out and writing grants, negotiating inter-agency agreements, participating in community organizations, supervising case managers and peer mentors in the COATCH program (funded by the County).

# 2007-2008 MEDICAL RECORDS ASSISTANT

Gulf Coast Community Care/Jewish Family Services, Ft. Lauderdale, FL Responsibilities: Creating and maintaining medical records' charts for six existing Gulf Coast Community Care programs. General office, clerical work. (Funding for this program was provided on an ad hoc basis)

# 2005-2007 PEER SPECIALIST

Gulf Coast Community Care/Jewish Family Services, Ft. Lauderdale, FL Responsibilities: Facilitating the role recovery process and resiliency of consumers by serving as an advocate, providing information and peer support, and providing visits and services that enabled them to achieve their goals.



### STATEMENT OF INDEMNIFICATION AND WAIVER OF LIABILTY

To the City of Hallandale Beach. In consideration of the grant funds awarded to Jubilee Center of South Broward, Inc. (organization) named in this Waiver form for this program, the undersigned organization hereby knowingly, freely and voluntarily RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE THE CITY OF HALLANDALE BEACH, its officers, agents, employees and volunteers from any and all liability or claims which may be sustained by clients or employees directly or indirectly in connection with or arising out of participation in this program/project, whether caused in whole or in part by the negligence of the Jubilee Center of South Broward, Inc. (organization) or otherwise.

The undersigned, on behalf of Jubilee Center of South Broward, Inc (organization), shall indemnify and save harmless the City of Hallandale Beach from and against all judgments, orders, decrees, attorney's fees, cost expense and liabilities arising from or out of such claim, investigation or defense thereof which may be entered, incurred or assessed against the City of Hallandale Beach as a result of the foregoing.

I, THE UNDERSIGNED, HAVE READ THIS DOCUMENT, FULLY UNDERSTAND ITS TERMS AND UNDERSTAND THAT ON BEHALF OF Jubilee Center of South Broward, Inc (ORGANIZATION) DESCRIBED HEREIN, FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ANY AND ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IN ANY PORTION OF THIS DOCUMENT IS HELD TO BE INVALID THE BALANCE NOTWITHSTANDING, SHALL CONTINUE IN FULL LEGAL FORCE AND EFFECT.

Print Name WILLIAM BLISS Title GOARD (HAIR

Signature Authorized Representative Date

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# GRANT APPLICATION COVER PAGE

IDENTICO LLC
Organization Name IDENTICO LLC
Mailing Address 409 W.HALLANDALE BEACH BLVD, SUITE 206
City/State/Zip Code HALLANDALE BEACH, FL, 33009
Phone (954) 239-8590 Fax (954) 367-2256 E-mail frank@myideπτίco.com
Name of Contact Person Frank Kend Title President
Organization Information
Is the organization incorporated? Yes ☑ No ☐ FEIN# 27-3733928
Does the organization have 501c(3) Tax Exemption Status? Yes □ No 🗷
If no, have you applied? Yes  No  If yes, provide a copy with your application.
If no, provide the name of the Fiscal Sponsor
Total of Board Members 2 # of Staff 4 # of Volunteers
Does your organization carry Liability Insurance? Yes ☑ No ☐ Amount <u>\$ 500.000</u>
Proposal Information
Program/Project Name CHILD-ID
Priority Area Addressed CHILD SAFETY Age group 4-14 y.o # to be served 1000 children
Annual Budget \$ 23.000 Amount of Request \$ 20.000 Total Project Cost \$ 20,000
Source of Current Funding PRIVATE
Has your organization received funding from the City before? Yes □ No 🗷
If yes, Amount Funded \$ Year # of Residents Served
Have you attended the city's Capacity Building Workshops conducted by Mr. Non Profit?  Yes □ No ☒
Give a brief summary of the Previous Project Funded
12.1
Authorized Signature of Organization Representative Date _5/9/2011

### GRANT APPLICATION

## 1. ORGANIZATION BACKGROUND INFORMATION (no more than 1 page)

· Give an overview of the Agency Mission, history and current programs/services.

**IDENTICO** is FDLE/FBI approved Live Scan Vendor offering a full range of Pre-employment screening services to companies throughout South Florida Services include Live Scan Fingerprinting, Pre-Employment Background Checks, Tenant Screening and Child ID.

IDENTICO'S CHILD-ID solutions offer everything to expedite a possible retrieval of children who are lost or abducted. With the power of IDENTICO'S ten-print fingerprint scanner and software, communities will be able to process children three times faster and with considerably better image quality than with traditional ink and paper or single fingerprint scanners. Our comprehensive ID cards give crucial demographic and biometric data for the child to parents or guardians.

## 2. DESCRIPTION OF PROGRAM/PROJECT (no more than 2 pages)

- Give a general overview of the Program/Project.
- Provide a description of the Issue or Need for your Program/Project?
- How will your services address the City s Priority Area you selected?
- Who will be served and number to be served?
- Number of Hallandale Beach residents that you will serve.
- How will your services benefit participants?
- Will there be a Fee for services?
- Will you provide scholarships or waivers?
- How will the community benefit?
- Other agencies or organizations involved in the project?

According to the FBI's National Crime Information Center in 2008,

797,500 children (younger than 18) were reported missing in a one-year period resulting in an average of 2.185 children being reported missing each day 203,900 children were the victims of family abductions. 58,200 children were the victims of non-family abductions. 115 children were the victims of "stereotypical" kidnapping.

Hallandale Beach residents in age of 4 to 14 will be served. Amount requested with this grant application would allow providing 1000 children with Child Identification Cards ID cards will give parents and police an access to current fingerprints, vital statistics and current photos of a missing child. If grant application is approved there will be no cost to minor residents or their parents. Given the recent increase in high-profile child abductions, and the many more that go unpublicized, IDENTICO will give community a solution to improve child safety IDENTICO will seek the cooperation with Police Athletic League of Hallandale Beach in making arrangements necessary to complete the project successfully

### **GRANT APPLICATION**

# 3. METHOD OR STRATEGY FOR IMPLEMENTATION (no more than 1 page)

- Describe the specific activities to achieve Goals and Objectives.
- Who will be responsible for the overall project?
- What staff will be involved?
- Include potential partners or collaborations
- What is the time frame for implementing the project?
- Provide the locations of where you will provide services.
- Days and hours of operations.

The project will be implemented in multiple stages. At first stage city of Hallandale Beach public elementary and middle school administrations will be notified about the project. IDENTICO's representative will attend school parental meetings, will greet parents with flyers about Child IDs and invite all residents to bring their children to IDENTICO's office conveniently located at 409 W. Hallandale Beach Blvd, suite 206, Hallandale Beach, FL, 33009. Office will be available for Children and their parents Monday to Friday from 9AM till 4PM, online appointment will be required for all residents. Fingerprinting technicians and company's administrative representatives will be responsible for overall organization. The timeframe for project is one school year. At second stage other private or public childcare facilities will be notified on the program. Proof of residency will be requested from parents and services will be delivered free of charge for City of Hallandale Beach Residents. IDENTICO will prepare the monthly reports with amount of Children who received their ID cards. By request the report will be provided to grant committee or schools administration.

# 4. EVALUATION (no more than 1 page)

- How will you address the issues/s, make improvements or achieve success?
- What methods will you utilize to measure success or benefits (i.e. attendance, surveys, pre-post test, etc)?
- How often will you evaluate your services?

Depending on the flow of visitors at office, and in case of higher than expected popularity of services, IDENTICO will make reasonable attempts to arrange mobile Child Identification sessions in public locations, such as city libraries or community centers.

Every possible issue or incident will be evaluated by company management, and all necessary steps will be taken in order to provide maximum security for children and parents during sessions. Statistical attendance reports will be electronically delivered to all requesting or interested parties. The quality of service and customer support will be evaluated and monitored by IDENTICO administration daily, improvement or correction records will be provided to all authorized parties when requested.

### **GRANT APPLICATION**

## 5. SUSTAINABILITY (no more than 1 page)

- If you receive 50% of the amount requested how will you operate services?
- If you do not receive funding, will you still operate services?
- What other Funding Sources have you submitted requests for this program/project?
- Have you been funded or received a commitment letter?
- What is your organization s Sustainability Plan for the next three years?

If project is funded for only 50%. IDENTICO will continue the attempts to raise funds in cooperation with private entities or sponsors. If project is not funded from outside sources, company will put marketing efforts to promote the product to community based childcare organizations, and offer it in the price closest to its cost. Child Safety and not profitability is IDENTICO's goal from the project. Service is unique in terms that it is only can be delivered to local communities, therefore IDENTICO's objectives is to implement it in cooperation with municipalities and its official affiliates. This step gives parents a trust and feeling that community cares for their children. City of Hallandale Beach is the first organization receiving the grant applications for this project from IDENTICO LLC

Despite the fact that company is relatively new at South Florida's Fingerprinting and Background Screening Market, with changes in Florida State Law now requiring FBI Level 2 clearance from any person involved in providing care to children, elderly or disabled, it is now obvious that company's next three year development is directly related to State Agencies stricter enforcement of background screening policies. Level 2 generally refers to a state and national fingerprint based check and consideration of disqualifying offenses, and applies to those employees designated by law as holding positions of responsibility or trust. Section 435.04, F.S., mandates Level 2 security background investigations to be conducted on employees, defined as individuals required by law to be fingerprinted pursuant to Chapter 435, F.S. State Agencies such AHCA (Agency for Healthcare Administration), DCF (Department of Children and Families), DOEA (Department of Elderly Affairs), APD (Agency for Persons with Disability), School Boards and many others require all providers, employees, licensees and volunteer participants to follow screening policies requiring Level 2 Clearance. With increased amount of baby boomers retiring in State of Florida, the amount of caregiver personnel is rapidly increasing. IDENTICO is FDLE approved live scan vendor which provides services necessary to comply with background screening policies.

Additional services provided by IDENTICO, such as pre-employment and tenant screening supports companies' success in diverse market of data verification. Recovering economy and residential market bring an increasing projected demand to screening services.

# **GRANT APPLICATION**

	_				
6. BUDGET	INFORMA	FION Please fill	in informati	on as requested.	
PROPOSED PROJECT NAME:					
ITEM	GRANT REQUEST	OTHER GRANT FUNDS	INKIND	JUSTIFICATION	
Personnel Cost	\$ 8,000				
Consultants	\$ 750	1			
Supplies	\$ 5,000	;			
Equipment*	\$ 400				
Travel	\$ 200				
Facility Rental/Fees	\$ 800				
Marketing	\$ 1,800				
Printing	\$ 2,000	-			
Other (specify)	\$ 1,050				
TOTALS	\$ 20,000			TOTAL BUDGET:	
* Equipment purchased over \$500 may become the property of the City of Hallandale Beach.					
		CERTIFICA	TION		
I certify that the information contained in the Application, including Budget and Attachments (supporting materials) are true and correct to the best of my knowledge.					
			=	05/09/204	
Signature of Authorized Representative  Date  President					
Presid	ant				

Title

## **GRANT APPLICATION**

## **APPLICATION CHECKLIST**

Please initial below as confirmation that each of the required documents has been submitted with the Application for review.

/	••
	COVER PAGE
	APPLICATION CHECKLIST
N/A	Copy of Organization Non-Profit Status Letter from IRS
	List of Board Members, Director/Agency Head, Titles and Addresses
	Evidence of Incorporation for State of Florida (www.sunbiz.org)
<u></u>	Evidence of Financial Soundness (990 form) or documentation from a Financial Institution showing three (3) months of operating expenses
novidud	Letters of Support for the project (limit to three (3))
MA	Memorandum of Understanding/s if partnering with any organization/s
	Key Staff Resumes
	Copy of the organization's Certificate of Insurance and/or a Letter of Indemnity (holding the City of Hallandale Beach harmless)

### **GRANT APPLICATION**

### **ATTACHMENTS**

Please include with the Grant Application one (1) copy of the following:

- 1. COVER PAGE
- 2. APPLICATION CHECKLIST
- 3. ATTACHMENTS
  - a. Copy of Organization Non-Profit Status Letter from IRS
  - b. List of Board Members, Director/Agency Head, Titles and Addresses
  - c. Evidence of Incorporation for State of Florida (www.sunbiz.org)
  - d. Evidence of Financial Soundness (990 form) or documentation from a Financial Institution showing three (3) months of operating expenses
  - e. Letters of Support for the project (limit to three (3))
  - f. Memorandum of Understanding/s if partnering with any organization/s
  - g. Key Staff Resumes
  - f. Certificate of Insurance or Letter of Indemnity
- 4. GRANT APPLICATION: Submit one (1) original and nine (9) copies. Please, do not use binders. Staple all documents securely):

### **SUBMIT GRANT REQUESTS TO:**

City of Hallandale Beach Attn: City Manager's Office 400 S. Federal Highway Hallandale Beach, Florida 33009

### **DEADLINES AND NOTIFICATION**

- 1. Application deadline is at 4:00 pm on Monday, May 9, 2011. NO EXCEPTIONS!
- A Grant Workshop will be held on Monday, April 11, 2011, from 2:00 pm 4:00 pm at the Cultural Community Center, 410 SE 3<sup>rd</sup> Street, Hallandale Beach. Florida.
- 3. Notification of Awards for funding will be made September 2011.
- 4. No phone calls accepted. Notification of Award will be made via mail.

### Frank Kend

4100 Union Squure Blvd, apt 441 Palm Beach Gardens, FL, 33410 (561) 460-6296

Email: frank@myidentico.com

Objective: Seeking a position as sales executive.

### Education:

- · 1990- 2000 High School Diploma, 306 lyceum, Tashkent, Uzbekistan
- · 2000-2004 Bachelor of Economical Engineering

Minor: Business Management

Tashkent State Technical University, Tashkent, Uzbekistan.

#### Professional experience:

### · <u>2003-2005</u> Nestle Uzbekistan

Supply chain and logistics manager

- · monitoring the quality, cost and efficiency of the movement and storage of goods;
- · co-ordinating and controlling the order cycle and associated information systems;
- · analysing data to monitor performance and plan improvements;
- · allocating and managing staff resources according to changing needs;
- · liaising and negotiating with customers and suppliers;
- · developing business by gaining new contracts, analysing logistical problems and producing new solutions.
- · 2005-2008 Unitech Development, Chicago, IL

General Manager at Residential Construction Company

- · planning and management of projects;
- · scheduling, cost control, documentation control and jobsite production;
- architectural and engineering design input and management, construction programming, liaising with clients;
- · preparation of tenders & letting of sub contracts;
- ensuring profit margins are maintained and the projects are completed by the specified project completion date;
- · 2008-2010 Florida State Licensed Private Investigator working for "General Investigation Services"
  - · Pre-Employment, Tenant and Background Screening
  - · Insurance fraud investigations, video surveillance
  - · Family infidelity investigations
  - · Asset searching
  - · Legal and Corporate Investigations
- · 2010 to Present The president of IDENTICO LLC-FDLE/FBI approved live scan vendor
  - · Business Administration, Management of company's daily operations
  - · Development of marketing and PR strategies
  - · Creations of company reputation and culture
  - · Human Resources
  - · Compliance with Federal and State Regulations on Background Screening
  - · Sales lead development and processing

### · Honors and Interests:

### Languages:

· City of Chicago D class licensed General Contractor

· English

· State of Florida Licensed Private Investigator

· Russian

· Chess 2 Master Norms

· Uzbek

- · Summary Of Qualifications:
- Quick study, with an ability to ensily grasp and put into application new ideas, concepts, methods and technologies.
- Dedicated, innovative and self-motivated team player/builder.
- Exceptional leadership, organizational, oral/written communication, interpersonal, analytical, and problem resolution skills. Thrive in both independent and collaborative work environments.
- · Proficient in the use of various computer programs and applications including MS Office and Internet.

ALICIA VIDALES - Administrative Assistant and Fingerprint Technician 1525 SW 186TH AVE PEMBROKE PINES, FL 33029 713.405.0042

### **OUALIFICATIONS & SKILLS:**

- Able to create custom social media pages on You Tube, Face book, Twitter, Linked -in, etc.
- Develop a plan for social media and blogs.
- Some knowledge in Dream weaver and Photoshop.
- High level of project planning, development and implementation.
- Ability to organize workflow.
- Some knowledge of editing HTML, CSS, XML, and PHP for web development.
- Create SEO strategies for increasing ranking through search engines.
- Knowledge in Adobe Illustrator CS5 & Corel Draw.
- Proficient in Microsoft Word, & Excel.
- Provide Excellent Customer service by phone, face to face, and e-mail.

### **EDUCATION:**

AMERICAN ACADEMY

Pine crest, Florida

July 25, 2009

High School Diploma

### EMPLOYMENT HISTORY:

Administrative Assistant Feb 10, 2009 - PRESENT

Xpress Web Design

Create graphics and edit coding for projects.

Provide excellent customer service by phone, e-mail, and face to face.

Provide hosting support and technical assistance.

Update/Edit Customer Information.

Assist with all office duties and payment processing.

Customer Service Representative May 13, 2008 - Dec 9, 2009

Verizon Solutions Provider Program (VSPP)

Telesales (B2B)

Renew contracts for VOIP, Tier 1, and other landline services

Update/Edit Customer Information

### LANGUAGES:

Fluent in English.

# IDENTICO List of Board Members, Director/Agency Head, Titles and Addresses

Frank Kend aka. Furkat Kend
 4100 Union Square Blvd, apt 441
 Palm Beach Gardens, FL, 33410

Phone: (561) 460-6296

Title: President

Stanislav Dodunik
 507 Sandtree Drive
 Palm Beach Gardens, FL, 33403

Phone: (561) 827-8182 Title: Vice President

### 2011-LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000090553

Entity Name: IDENTICO LLC

FILED Apr 26, 2011 Secretary of State

**Current Principal Place of Business:** 

New Principal Place of Business:

409 W HALLANDALE BEACH, STE 206 409 W HALLANDALE BEACH

HALLANDALE BEACH, FL 33009 SUITE 206

HALLANDALE BEACH, FL 33009

**Current Mailing Address:** New Mailing Address:

409 W HALLANDALE BEACH SUITE 206 409 W HALLANDALE BEACH, STE 206

HALLANDALE BEACH, FL 33009

HALLANDALE BEACH, FL 33009

FE! Number: 27-3733928 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Stalus Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

M KEITH MARSHALL, P.A. KEND, FURKAT 2999 NE 191ST STREET 409 W HALLANDALE BEACH BLVD 805 SUITE 206

HALLANDALE BEACH, FL 33009 US AVENTURA, FL 33180 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

SIGNATURE KEND FURKAT 04/26/2011

> Electronic Signature of Registered Agent Date

### **MANAGING MEMBERS/MANAGERS:**

Title MGRM

Name KEND, FURKAT

409 W HALLANDALE BEACH BLVD, SUITE 206 Address

City-St-Zip HALLANDALE BEACH, FL 33009

Title

STANISLAV DOUDNIK Name

409 W HALLANDALE BEACH BLVD SUITE 206 Address

HALLANDALE BEACH, FL 33009 City-St-Zip

Title MGRM

**EXECUTIVE ENTERPRISES INC** Name Address 1348 E HILLSBORO BLVD City-St-Zip DEERFIELD BEACH, FL 33441

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statues

SIGNATURE FURKAT KEND 04/26/2011

Electronic Signature of Signing Managing Member Manager, or Authorized Representative / Date



# CERTIFICATE OF LIABILITY INSURANCE

01/20/11

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURERIS), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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901 Indian Town Rd. Woods Plaza			-MATERIA		747-3754		AX VC_NOT (56	1)747-3420
			ADDRE	E8_ C) MOI	ion@bollsouth.	net		
Jupiter FL 33458				(N:	SURERIS AFFO	RDING COVERAGE		NAIC #
	<u>(561)74</u>	17-3429	MEURE	RA: Mount	Vernen			·
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STATEMENT OF ACCOUNT

IDENTICO 409 W HALLANDALE BCH BLVD STE 206 HALLANDALE FL 33009 Page: 1 of 5
Statement Period: Feb 01 2011-Feb 28 2011
Cust Ref # 4251848095-720-T-###
Primary Account #: 425-1848095

# **Business Convenience Checking**

IDENTICO

Account # 425-1848095

ACCDUNT SUMMARY			
Beginning Balance	1,404.98	Average Collected Balance	1,034.57
Deposits	5,042.75	Annual Percentage Yield Earned	0.00%
Electronic Deposits	2.052.85	Days in Period	28
Checks Paid	2,298.84		
Electronic Payments	4,503.54		
Ending Balance	1,698.20		
BAILY ACCOUNT ACTIV	ITY		
<b>Deposits</b> Posting date	DESCRIPTION	SERIAL NO.	AMDUNT
2/1	DEPOSIT		670.00
2/1	DEPOSIT		306.25
2/3	DEPOSIT		175.25
2/3	DEPOSIT		<b>5</b> 7.25
2/7	DEPOSIT		229.00
2/9	DEPOSIT		742.25
2/10	DEPOSIT		378.75
2/14	DEPOSIT		344.50
2/17	DEPOSIT		776.00
2/28	DEPOSIT		696.25
2/28	DEPOSIT		667.25
		Subtotal:	5,042.75
Electronic Deposits POSTING DATE	DESCRIPTION	SERIAL NO.	AMOUNT
2/1	CCD DEPOSIT	JENIAL NO.	55.45
2/1		XPRESS SETTLEMENT 1090870189	33.43
2/1	CCD DEPOSIT	X1 KESS SETTEEN ENT 1070870187	41.25
271	BANKCARD	MERCH DEP 948907219000984	71.23
2/2	CCD DEPOSIT	12 EKON B2. 7.0707217000707	57.25
L. L	BANKCARD	WERCH DEP 948907219000984	57.20
2/3	CCD DEPOSIT		171.75
	BANKCARD	MERCH DEP 948907219000984	
2/4	CCD DEPOSIT		57.25
	BANKCARD	MERCH DEP 948907219000984	
2/7	CCD DEPOSIT		114.50

BANKCARD MERCH DEP 948907219000984



IDENTICO

Page. 3 of 5
Statement Period: Feb 01 2011-Feb 28 2011
Cust Ref #: 4251848095-720-T-###
Primary Account #: 425-1848095

DAILY ACCOUN	NT ACTIVITY	·			_	
Electronic Dep	osits (cont	<b>inued)</b> Description	9	ERIAL NO.		AMOUNT
2/8		CCD DEPOSIT				57.25
			MERCH DEP	948907219000	984	3.,25
2/11		CCD DEPOSIT				270.25
		BANKCARD	MERCH DEP	948907219000	984	
2/14		CCD DEPOSIT				134.35
		AMERICAN EX	KPRESS SETTLE	MENT 109087	0189	
2/14		CCD DEPOSIT				114.50
		BANKCARD	MERCH DEP	948907219000	984	
2/15		CCD DEPOSIT				57.25
		BANKCARD	MERCH DEP	948907219000	984	
2/15		CCD DEPOSIT				55.45
		AMERICAN E	XPRESS SETTLE	MENT 109087	0189	
2/16		CCD DEPOSIT				48.25
		BANKCARD	MERCH DEP	948907219000	984	
2/17		CCD DEPOSIT				57.2 <b>5</b>
		BANKCARD	MERCH DEP	948907219000	984	
2/18		CCD DEPOSIT				114.50
		BANKSARD	MERCH DEP	948907219000	984	
2/22		CCD DEPOSIT				41.25
		BANKCARD	MERCH DEP	948907219000	984	
2/23		CCD DEPOSIT				114.50
		BANKCARD	VERCH DEP	<b>9489</b> 07219000	984	
2/24		CCD DEPOSIT				41.25
		BANKCARD	MERCH DEP	948907219000	984	
2/25		CCD DEPOSIT				110.89
		AMERICAN E	XPRESS SETTLE	MENT 109087	0189	
2/28		CCD DEPOSIT				213.00
		BANKCARD	MERCH DEP	948907219000	984	
2/28		CCD DEPOSIT				125.46
		AMERICAN E	XPRESS SETTLE	MENT 109087	0189	
					Subtotal:	2,052.85
Checks Paid	No Checks: 7	*Indicates break	n ser al sequence or ched	k processed electro	nically and i sted unde	r Electronic Payments
DATE	SERIAL NO			TE	SERIAL NO.	AMDUNT
2/1	105	350.00	2/	14	111	477.92
2/1	107*	556.00	2/	15	112	200.00
2/9	109*	164.33		23	113	91.59
2/9	110	459.00				

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2,298.84

Subtotal:



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Page: 4 of 5
Statement Period: Feb 01 2011-Feb 28 2011
Cust Ref #: 4251848095-720-T-###
Primary Account #: 425-1848095

DAILY ACCOUNT ACTIVE Electronic Payments			
POSTING DATE	DESCRIPTION	SERIAL NO.	ואטסאא
2/1	ELECTRONIC PMT-V	VE B	499.52
	AMERICAN E	(PRESS ELEC REMIT 11013106140160)	
2/2	CCD DEBIT		40.92
	BANKGARD	MERCH FEES 948907219000984	
2/2	CCD DEBIT		12.26
	AUTHNET GA	TEWAY BILLING 21099001	
2/7	ELECTRONIC PMT-V	VE B	1,000.00
	DISCOVER	E-PAYMENT 5205	
2/10	ELECTRONIC PMT-V	VEB	500.00
	DISCOVER	E-PAYMEN 5205	
2/14	DEBIT POS		39.95
	AUT 021411 [	DDA PURCHASE	
	PAYPAL LET	TERFOLDE SAN JOSE .CA	
	408540400096	9414	
2/14	DEBIT CARD PURCH	ASE	20.00
	AUT 021411 V	/!SA DDA PUR	
	TEXACO 0030	6719 LAJDERHILL * FL	
	408540400096	594]4	
2/14	DEBIT CARD PURCH	ASE	15.00
	AUT 021411	VISA DDA PUR	
	HESS 09504	STUART * FL	
	408540400096	59414	
2/17	ELECTRONIC PMT-T	EL	1,200.00
		PHONE PAY 2059	
2/18	DEBIT CARD PURCH	ASE	13.00
	AUT 021811	VISA DDA PUR	
	S J N O C O 0 5 9 4	860900 NORTH PALM BE * FL	
	408540400096	59414	
2/22	DEBIT CARD PURCH	ASE	12.60
	AUT 022211	VISA DDA PJR	
	CHEVRON DOS	306250 HALLANDALE BE • FL	
	40854040009		
2/22	DEBIT CARD PURCH	ASE	10.00
		VISA DDA PJR	
		1 00004911 PENBROKE PAR * FL	
	40854040009		
2/23	DEBIT CARD PURCH		15.0
		VISA DDA PUR	
		2 00005629 W PALM: BCH * FL	
	40854040009	59414	



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Page: 5 of 5
Statement Period: Feb 01 2011-Feb 28 2011
Cust Ref #: 4251848095-720-T-###
Primary Account #: 425-1848095

DAILY ACCOUNT AC	CTIVITY	
Electronic Paymen	its (continued)	
POSTING DATE	DESCRIPTION SERIAL NO.	THURMA
2/23	eBillPay	6.75
	BILL PYMT	
	The Tauber Academy	
2/25	eBillPay	180.00
	BILL PYMT	
	CONCAST CABLE & PHONE	
2/25	DEBIT POS	12.00
	AUT 022511 DDA PURCHASE	
	SUNOCO 0700251200 FORT P ERCE * FL	
	4085404000969414	
2/28	ELECTRONIC PMT-WEB	900.00
	DISCOVER E-PAYMENT 5205	
2/28	DEBIT CARD PURCHASE	15.00
	AUT D22811 VISA DDA PUR	
	RACETRAC506 00005066 RIVIERA BCH * FL	
	4085404000969414	
2/28	DEBIT CARD PURCHASE	10.00
	AUT 022811 VISA DDA PUR	
	RACETRAC506 00005066 RIVIERA BCH * FL	
	4085404000969414	
2/28	DEBIT CARD PAYMENT	1.45
	AUT 022811 VISA ODA PUR	
	MICROSOFT ADCENTER 800 518 5689 * WA	
	4085404000969414	
	Subtota	al: 4,503,54

			Subtotal:	4,505.54
DAILY BALANCE SUN	IMARY	_		
DATE	BALANCE	DATE		BALANCE
1/31	1,404.98	2/14		1,247.13
2/1	1,072.41	2/15		1,159.83
2/2	1,076.48	2/16		1,208.08
2/3	1,480.73	2/17		841.33
2/4	1,537.98	2/18		942.83
2/7	881.48	2/22		961.39
2/8	938.73	2/23		962.55
2/9	1,057.65	2/24		1,003.80
2/10	936.40	2/25		922 69
2/11	1,206.65	2/28		1,698.20

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STATEMENT OF ACCOUNT

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IDENTICO 409 W HALLANDALE BCH BLVD STE 206 HALLANDALE FL 33009 Page: 1 of 7
Statement Period Mar 01 2011-Mar 31 2011
Cust Ref #: 4251848095-720-T-###
Primary Account #: 425-1848095

# **Business Convenience Checking**

IDENTICO

Account # 425-1848095

ACCOUNT SUMMARY Beginning Balance	1,698.20		Average Collected Balance	4,286.27
Deposits	1,698.20		Average Conected Balance  Annual Percentage Yield Earned	0.00.27
Electronic Deposits	6,081.52		Days in Period	31
Checks Paid	2,035.54			
Electronic Payments	11,287.46			
Ending Balance	4,939.72			
DAILY ACCOUNT ACTIV	ITY			
Deposits POSTING DATE	DESCRIPTION		SERIAL NO.	AMQUNI
3/1	DEPOSIT			711.00
3/1	DEPOSIT			234.50
3/2	DEPOSIT			554 25
3/3	DEPOSIT			2,487,25
3/7	DEPOSIT			579.50
3/9	DEPOSIT			520.75
3/10	DEPOSIT			356.25
3/11	DEPOSIT			634.25
3/15	DEPOSIT			592.00
3/15	DEPOSIT			253.00
3/16	DEPOSIT			912.50
3/16	DEPOSIT			572. <b>5</b> (
3/23	DEPOSIT			576.75
3/24	DEPOSIT			254.75
3/25	DEPOSIT			286.25
3/28	DEPOSIT			434.50
3/31	DEPOSIT			523.00
			Subtotal	10,483.08
Electronic Deposits POSTING DATE	B C C C C C C T C C C C C C C C C C C C		SEDIAL NO	4 4 4 5 1 1 4 1
	DESCRIPTION		SERTAL NO.	AMOUN
3/1	CCD DEPOSIT	MEDOU DED	0.40007010000000	114.5
217	CON DEDOCIT	A E KCH DEL	948907219000984	67 <b>1</b> 1
3/1	CCD DEPOSIT BANKCARD	WEDUH DED	948907219000984	57.2
3/2	CCD DEPOSIT	A EZOU DEL	7-070/21700078-	114.5
ع الـ	BANKCARD	ארפכן הבפ	948907219300984	114.5



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Page: 3 of 7
Statement Period Mar 01 2011-Mar 31 2011
Cust Ref #: 4251848095-720-T-###
Primary Account #: 425-1848095

Electronic Deposit		AAA	45461111
POSTING DATE	DESCRIPTION	SERIAL ND.	AMOUNT
3/3	CCD DEPOSIT		229.00
	BANKCARD	MERCH DEP 948907219000984	
3/4	CCD DE POSIT		57.25
	BANKCARD	VERCH DEP 948907219000984	
3/7	CCD DEPOSIT		114.50
	BANKCARD	MERCH DEP 948907219000984	
3/8	CCD DEPOSIT		286.25
	BANKCARD	MERCH DEP 948907219000984	
3/9	CCO DEPOSIT		134.25
	BANKCARD	MERCH DEP 948907219000984	
3/9	CCD DEPOSIT		55.45
		XPRESS SETTLEMENT 1090870189	
3/10	CCD DEPOSIT		171.75
	BANKCARD	MERCH DEP 948907219000984	
3/11	CCD DEPOSIT		70.98
	AMER:CAN E	XPRESS SETTLEMENT 1090870189	
3/14	CCD DEPOSIT		114.50
	BANKCARD	MERCH DEP 948907219000984	
3/14	CCD DEPOSIT		55.45
	AMERICAN E	XPRESS SETTLEMENT 1090870189	
3/15	CCD DEPOSIT		114.5
	BANKCARD	MERCH DEP 948907219000984	
3/15	CCD DEPOSIT		57.2
	BANKCARD	MERCH DEP 948907219000984	
3/16	CCD DEPOSIT		900.0
	BANKCARD	MERCH DEP 948907219000984	
3/17	CCO DEPOSIT		801.5
	BANKCARD	NERCH DEP 948907219000984	
3/18	CCD DEPOSIT		384.7
	BANKCARD	MERCH DEP 948907219000984	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
3/21	CCD DEPOSIT		55.4
-,		XPRESS SETTLEMENT 1090870189	32
3/21	CCD DEPOSIT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20.0
J, L 1	BANKCARD	NERCH DEP 948907219000984	20.0
3/22	CCD DEPOSIT	7 2 10 1 2 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	482.0
3/22	BANKCARD	MERCH DEP 94890721900984	702.0
3/22	CCD DEPOSIT	. 2 (0), 02. 7,0707217440707	114.5
	BANKCARD	MERCH DEP 948907219000984	114.5
3/22	CCD DEPOSIT	1 2 1 0 1 0 2 7 7 1 7 0 7 2 1 7 0 0 0 7 B 3	55.4
J1 L L		XPRESS SETTLEMENT 1D90870189	55.4

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Page: 4 of 7
Statement PeriodMar 01 2011-Mar 31 2011
Cust Ref #: 4251848095-720-T-###
Primary Account #: 425-1848095

155.75 114.50	9000984 9000984 9000984	SERIAL NO  WERCH DEP 94890721  WERCH DEP 94890721  WERCH DEP 94890721  MERCH DEP 94890721	DESCRIPTION  CCD DEPOSIT  BANKCARD  CCD DEPOSIT  BANKCARD  CCD DEPOSIT  BANKCARD  CCD DEPOSIT  BANKCARD  CCD DEPOSIT  BANKCARD		Electronic Dep Posting date 3/23 3/24 3/25
229.00 114.50 286.25 166.49 155.75	9000984 9000984 9000984	MERCH DEP 94890721 MERCH DEP 94890721 MERCH DEP 94890721	BANKCARD CCD DEPOSIT CCD DEPOSIT BANKCARD CCD DEPOSIT CCD DEPOSIT BANKCARD		3/24
114.50 286.25 166.49 155.75	9000984 9000984 9000984	MERCH DEP 94890721 MERCH DEP 94890721 MERCH DEP 94890721	CCD DEPOSIT  CCD DEPOSIT  BANKCARD  CCD DEPOSIT  BANKCARD		
114.50 286.25 166.49 155.75	9000984	WERCH DEP 94890721	BANKCARD CCD DEPOSIT BANKCARD CCD DEPOSIT BANKCARD		
286.25 166.49 155.75 114.50	9000984	WERCH DEP 94890721	CCD DEPOSIT  BANKCARD  CCD DEPOSIT  BANKCARD		3/25
286.25 166.49 155.75 114.50	9000984	MERCH DEP 94890721	BANKCARD CCD DEPOSIT BANKCARD		<b>3</b> /25
166.49 155.75 114.50	9000984	MERCH DEP 94890721	CCD DEPOSIT  BANKCARD		
166.49 155.75 114.50			BANKCARD		
155.75 114.50					3/28
·	90870189	0.000.000.000.000.000.000	COD OF COOLT		
114.50	90870189	DATES CATT. FAREIT . A.	CCD DEPOSIT		3/28
114.50		PRESS SETTLEMENT 109	AMERICAN EX		
114.50 339.50			CCD DEPOSIT		3/29
114.50 339.50	9000 <b>984</b>	MERCH DEP 94890721	BANKCARD		
3 <b>39</b> .50			CCD DEPOSIT		3/29
<b>339</b> .50	9000984	VERCH DEP 94890721	BANKCARD		
			CCD DEPOSIT		3/30
	9000984	MERCH DEP 94890721	BANKCARD		
6,081.52	Subtotal:				
d under Electronic Payments	lectronically and listed under	ser a sequence or check processed e	*[ndicates break r	No Checks: 6	Checks Paid
•	SERIAL NO.	DATE	AMOUNT	SERIAL NO.	DATE
323.46	116	3/15	49.00	108	3/8
91.59	117	3/24	260.00	114*	3/4
463.49	118	3/23	848.00	115	3/17
2,035.54	Subtotal:	3,43	2 10/100		J. 2
2,033.3					Floodynnia Do
AMOUNT	1	SERJAL NO	DESCRIPTION	ment2	Electronic Pay
	•		DEBIT CARD PURCH		
10.00			AUT 0301111		3/1
	H ĈΛ * Ε1	=	CHEVRON 003		
	II GA I L		408540400096		
9.00		· -	DEBIT CARD PURCH		3/1
7.00			AUT 030111		J/ 1
	GARD * FL		SHELL OIL 57		
	dakb IL		408540400096		
64.59		77.7	CCD DEBIT		3/2
37.37	19000984	NERCH FEES 9489072	BANKCARD		J. L
10.20			CCD DEBIT		3/2
13.20	644	TEWAY BILLING 21375			J. C

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IDENTICO

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DAILY ACCOUNT A	ACTIVITY	
Electronic Payme	ents (continued) DESCRIPTION SERIAL NO	AMCUNT
3/3	DEBIT CARD PURCHASE	31.00
	AUT 030311 VISA DDA PUR	
	SUNDEO 3594860900 NORTH PALM BE * FL	
	4085404000969414	
3/4	ELECTRONIC PMT-WEB	2,000.00
	DISCOVER E-PAYMENT 5205	
3/4	eBillPay	158.31
	B(TF BAWL	
	Dape Renta s-North	
3/4	DEBIT CARD PURCHASE	10.00
	AUT 030411 VISA DDA PUR	
	MARATHON DEL 158451 FORT LA JDERDA - FL	
	4085404000969414	
<b>3</b> /7	DEBIT CARD PURCHASE	30.00
	AUT 0307:1 VISA DDA PUR	
	SUNOCO 0594860900 NORTH PALM BE * FL	
	4085404000969414	
3/7	DEBIT CARD PURCHASE	25.00
	AUT 030711 VISA DDA PUR	
	CRAIGSL:ST ORG 415 566 6394 * CA	
	4085404000969414	
3/9	eBillPay	182.20
	BIL_ PYMT	
	COMCAST CABLE & PHONE	
3/9	DEBIT CARD PURCHASE	31.00
	AUT 030911 VISA DDA PUR	
	RACETRAC491 00004911 PENBROKE PAR * FL	
	4085404000969414	
3/10	ELECTRONIC PMT-WEB	624.84
	DISCOVER E-PAYMENT 5205	
3/11	CCD DEBIT	57.25
J. 11	BANKCARD MERCH DEP 9489C7219000984	37.23
3/11	DEBIT CARD PURCHASE	29.00
J. 1.1	AUT 031111 VISA DDA PUR	27.00
	SUN000 0594860900 NORTH PALM BE * FL	
	4085404000969414	
3/14	ELECTRONIC PMT-WEB	1,500.00
ノバエマ	DISCOVER E-PAYMENT 5205	1,500.00
	DISCOVER EMAYWEIN DIOC	



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Statement PeriodMar 01 2011-Mar 31 2011
Cust Ref #: 4251848095-720-T-###
Primary Account #: 425-1848095

DAILY ACCOUNT A		
Electronic Payment Posting Date	DESCRIPTION SERIAL NO	AMOUN
3/14	DEBIT POS	30.00
	AUT 031411 DDA PURCHASE	
	7 ELEVEN HALLANDALE • FL	
	4085404000969414	
<b>3/1</b> 5	DEBIT CARD PURCHASE	40.00
	ALT 031511 VISA DDA PUR	
	DS WATERS 800 4928377 * GA	
	4085404000969414	
3/16	ELECTRONIC PMT-WEB	843.75
	DISCOVER E-PAYMENT 5205	
3/16	ELECTRONIC PMT-TEL	650.00
	WELLS FARGO CARD PHONE PYMT 1002	
3/16	DEBIT CARD PURCHASE	35.92
	ALT 031611 VISA DDA PLR	
	PUBLIX 402 HALLANDALE * FL	
	4085404000969414	
3/16	DEBIT POS	29.00
	AUT 031611 ODA PURCHASE	
	7 ELEVEN HALLANDALE * FL	
	4085404000969414	
3/17	DEBIT CARD PURCHASE	100.00
	AUT 031711 VISA DDA PLR	
	ADT SECURITY SERVICES 800 238 2455 * FL	
	4085404000969414	
3/17	DEBIT CARD PURCHASE	12.15
	AUT 031711 VISA DDA PUR	
	DS WATERS 850 4928377 - GA	
	4085404000969414	
3/18	ELECTRONIC PMT-TEL	1,000.00
	WELLS FARGO CARD PHONE PYMT 1003	,
3/21	ELECTRONIC PMT-TEL	1,204.58
	WELLS FARGO CARD PHONE PYNT 8095	,
3/21	ELECTRONIC PMT-WEB	<b>86</b> 5.00
	DISCOVER 5-PAYMENT 5205	
3/23	ELECTRONIC PMT-WEB	123.0
-,	DISCOVER E-PAYMENT 5205	123.0
3/23	DEBIT CARD PURCHASE	29.0
<del>-</del>	AUT 032311 VISA DDA PUR	27.0
	RACETRAC506 00005066 R!V1ERA BCH * FL	
	4065404000969414	

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IDENTICO

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DAILY ACCOUNT AC	TIVITY	
Electronic Payment	ts (continued) DESCRIPTION SERIAL NO	TRUDMA
3/28	ELECTRONIC PMT-WEB	990.00
	DISCOVER E-PAYMENT 5235	
3/28	DEBIT POS	33.00
	AUT 032811 DOA PURCHASE	
	7 ELEVEN HALLANDALE * FL	
	4085404000969414	
3/28	DEBIT CARD PURCHASE	30.00
	AUT 032811 VISA DDA PUR	
	RACETRAC506 00005066 R.VIERA BCH * I	FL
	4085404000969414	
3/29	ELECTRONIC PMT-WEB	474.75
	DISCOVER E-PAYMENT 5205	
3/29	DEBIT CARD PURCHASE	25.00
	AUT 532911 VISA ODA PUR	
	CRAIGSLIST DRG 415 566 6394 * CA	
	40854040D0969414	

			Subtotal:	11,287.46
DAILY BALANCE SUMMARY				
DATE	BALANCE	DATE		BALANCE
2/28	1,698.20	3/16		5,719.81
3/1	2,796.45	3/17		5,561.16
3/2	3,390.41	3/18		4,945.91
3/3	6,075. <b>66</b>	3/21		2,951.86
3/4	3,704.60	3/22		3,603.81
3/7	4,343.60	3/23		3,679.57
3/8	4,580.85	3/24		4.071.73
3/9	5,078.10	3/25		4,472.48
3/10	4,981.26	3/28		4,306.72
3/11	5,600.24	3/29		4,077.22
3/14	4,240.19	3/30		4,416.72
3/15	4,893.48	3/31		4,939.72



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IDENTICO 409 W HALLANDALE BCH BLVD STE 206 HALLANDALE FL 33009 Page: 1 of 7
Statement Period: Apr 01 2011-Apr 30 2011
Cust Ref #: 4251848095-720-T-###
Primary Account #: 425-1848095

# **Business Convenience Checking**

IDENTICO

Account # 425-1848095

IMPORT ANT INFORMATION REGARDING ONLINE BILL PAY AS PART OF OUR ONGOING EFFORTS TO ENSURE THE HIGHEST LEVEL OF SECURITY ON YOUR ACCOUNTS, WE ARE MAKING A CHANGE TO THE LIMITS FOR ONLINE BILL PAYMENTS EFFECTIVE APRIL 18, 2011, OUR TO ONLINE LIMITS WILL BE \$75,000/TRANSACTION AND \$100,000/DAY, EFFECTIVE MAY 18, 2011, FOR BUSINESS DIRECT CUSTOMERS, THE LIMITS WILL BE \$100,000/TRANSACTION AND \$200,000/DAY. WE ARE HERE TO HELP WITH QUESTIONS CALL 1-800-493-7562

ACCOUNT SUMMARY				
Beginning Balance	4,939.72	Average Collected Balance	3,280 00	
Deposits	8,304.29	Annual Percentage Yield Earned	0.00%	
Electronic Deposits	4,416.45	Days in Period	30	
Checks Paid	2,801.59			
Electronic Payments	8,694 58			
Ending Balance	6,164.29			

DAILY ACCOUNT AC	TIVITY		
Deposits POSTING DATE	DESCRIPTION	SERIAL NO	AMOUNT
4/4	DEPOSIT		415.25
4/6	DEPOSIT		747.50
4/7	DEPOSIT		295.75
4/7	DEPOSIT		132.25
4/8	DEPOSIT		308 50
4/12	DEPOSIT		237.75
4/14	DEPOSIT		408 79
4/18	DEPOSIT		755.00
4/18	DEPOSIT		138.50
4/20	DEPOSIT		243.00
4/21	DEPOSIT		681.25
4/22	DEPOSIT		114.50
4/25	DEPOSIT		838.50
4/27	DEPOSIT		634.00
4/28	DEPOSI1		1,903.50
4/28	DEPOSIT		450.25
		Subtotal:	8,304.29

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DAILY ACCOUNT ACTIV	'ITY		
Electronic Deposits POSTING DATE	DESCRIPTION	SERJAL NO	AMOUNT
4/1	CCD DEPOSIT		57.25
	BANKCARD	MERCH DEP 948907219050984	
4/4	CCD DEPOSIT	·	114.50
	BANKCARD	MERCH DEP 948907219000984	
4/4	CCD DEPOSIT		55.45
	AN ERICAN E	XPRESS SETTLEWENT 1090870189	
4/6	CCD DEPOSIT		57.25
	BANKCARD	VERCH DEP 948907219000984	
4/7	CCD DEPOSIT		57.25
	BANKCARD	MERCH DEP 948907219000984	
4/8	CCD DEPOSIT		139.50
	BANKCARD	MERCH DEP 948907219000984	
4/11	CCD DEPOSIT		229.00
	BANKCARD	MERCH DEP 948907219000984	
4/12	CCD DEPOSIT		473.75
	AMERICAN E	XPRESS SETTLEMENT 1090870189	
4/12	CCD DEPOSIT		114.50
	BANKCARD	MERCH DEP 948907219000984	
4/12	CCD DE POSIT		57.25
	BANKCARD	MERCH DEP 948907219000984	
4/12	DEBIT CARD CREDI	T	13.77
	AUT 041211	VISA DDA REF	
	STAPLES	00111997 LAKE PARK • FL	
	40854040009	69414	
4/13	CCD DEPOSIT		48.25
	BANKCARD	NERCH DEP 948907219000984	
4/15	CCD DEPOSIT		213.00
	BANKCARD	WERCH DEP 948907219000984	
4/18	CCD DEPOSIT		114.50
	BANKCARD	WERCH DEP 948907219000984	
4/19	CCD DEPOSIT		114.50
	BANKCAPD	MERCH DEP 948907219000984	
4/19	CCD DEPOSIT		57.25
	BANKCARD	MERCH DEP 948907219000984	
4/19	DEBIT CARD CREDI	Ŧ	9.10
	AUT 041911	VISA DDA REF	
	DS WATERS	MABLETON GA	
	43854043009	69414	
4/20	CCD DEPOSIT		114.50
	BANKSARD	VERCH DEP 948907219000984	



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DAILY ACCOU	NT ACTIVITY	Υ			_
Electronic De POSTING DATE	posits (cont	inued) DESCRIPTION	SERIAL NO		AMOUNT
4/21		CCD DEPOSIT			114.50
		BANKCARD	MERCH DEP 94890721	9000984	
4/22		CCD DEPOSIT			1,048.50
		BANKCARD	MERCH DEP 94890721	9000984	,
4/25		CCD DEPOSIT			213.00
		BANKCARD	WERCH DEP 94890721	9000984	
4/25		CCD DEPOSIT			122.69
		AMERICAN E	XPRESS SETTLEMENT 13	90873189	
4/25		ACH DEPOSIT			100.00
		DISCOVER	CASH AWARD 00366782	.8	
4/26		CCD DEPOSIT			291.94
		AMERICAN E	XPRESS SETTLEMENT 10	908701 <b>89</b>	
4/26		CCD DEPOSIT			157.75
		BANKCARD	VERCH DEP 94890721	9000984	
4/28		CCD DEPOSIT			114.50
		BANKCARD	MERCH DEP 94890721	9000984	
4/29		CCD DEPOSIT			213.00
		BANKCARD	WERCH DEP 94893721	.9000984	
	_			Subtotal:	4,416.45
Checks Paid	No Checks: 7	"Indicates break	niserial sequence or check processed	electronically and listed under	r Electronic Payments
DATE	SERIAL NO.	THUOMA	DATE	SERIAL NO	THUDMA
4/5	119	460.00	4/21	123	350.00
4/11	120	350.00	4/28	124	350.00
4/13	121	850.00	4/22	127*	91.59
4/15	122	350.00			
				Subtotal:	2,801.59
Electronic Pa	vments				
POSTING DATE	•	DESCRIPTION	SERIAL N	9.	NUCMA
4/1		ELECTRONIC PMT-	WEB		563.25
		DISCOVER	E-PAYMENT 5205		
4/1		DEBIT POS			35.00
-			DDA PURCHASE		
		7 ELEVEN	HALLANDALE .	' FL	
		40854040009	69414		
4/4		ELECTRONIC PMT-	WEB		1,786.25
		DISCOVER	E-PAYMENT 5205		
		DISCOVER			
4/4		CCD DEBIT			199.00

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DAILY ACCOUNT	ACTIVITY	
Electronic Paymer	ents (continued) DESCRIPTION SERIAL NO.	TNUCMA
4/4	CCD DEBIT	10.10
" '	AUTHNET GATEWAY BILLING 21543337	10.10
4/6	DEBIT CARD PURCHASE	25.00
2	AUT 040611 VISA DDA PUR	25.00
	CRA(GSLIST ORG 415 566 6394 * CA	
	4085404000969414	
4/7	ELECTRONIC PMT-WEB	936.75
	DISCOVER E-PAYMENT 5205	
4/11	DEBIT CARD PURCHASE	23.00
	AUT 041111 VISA DDA PUR	
	SUNOCO 059486093C NORTH PALM BE * FL	
	4085404000969414	
4/11	DEBIT POS	10.60
	AUT 041111 DDA PURCHASE	
	OOLLAR TREE 02081 LAKE PARK * FL	
	4085404000969414	
4/12	DEBIT CARD PURCHASE	68.73
	AUT 041211 VISA DDA PUR	
	STAPLES 00111997 LAKE PARK * FL	
	4085404000969414	
4/13	ELECTRONIC PMT-WEB	821.75
	DISCOVER E-PAYMENT 5205	
4/14	DEBIT CARD PURCHASE	50.00
	AUT 041411 VISA DDA PUR	
	G00GLE G00G9083616823 CC G00GLE COM * CA	
	4085404000969414	
4/14	DEBIT CARD PURCHASE	15.00
	AUT 041411 VISA DDA PUR	
	SUNDED 0594860900 NORTH PALM BE * FL	
	40B5404000969414	
4/14	DEBIT POS	15.00
	AUT 041411 ODA PURCHASE	
	7 ELEVEN HALLANDALE * FL	
	4085404000969414	
4/15	DEBIT CARD PURCHASE	15.00
	AUT 041511 VISA DDA PUR	
	CHEVRON 00306250 CHEVRON 00306250	
	4085404000969414	
4/18	ELECTRONIC PMT-WEB	1,566.50
	DISCOVER E-PAYMENT 5205	

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<u>_</u>	ACTIVITY	
Electronic Payme Posting Date	ents (continued) Description Serial No	AMOUNT
4/19	DEBIT CARD PURCHASE	16.00
	AUT 041911 VISA DDA PJR	
	CHEVRON 00306250 HALLANDALE BE * FL	
	4085404000969414	
4/20	DEBIT CARD PURCHASE	20.00
	AUT 042011 VISA DDA PUR	
	EXXXMMOBIL 97561641 PALM BEACH GA * FL	
	4085404000969414	
4/21	eB⊪liPay	150.00
	BILL PYNT	
	CONCAST CABLE & PHONE	
4/21	DEBIT POS	31.30
	AUT 042111 DDA PURCHASE	
	7 ELEVEN HALLANDALE → FL	
	4085404000969414	
4/22	ELECTRONIC PMT-WEB	1,147,00
	DISCOVER E-PAYMENT 5205	2,5
4/25	ELECTRONIC PMT-WEB	129,75
., 23	DISCOVER E-PAYMENT 5205	// -
4/25	eBill Pay	82.10
7123	BILL PYNT	02.10
	ADT Security Services Inc	
4/25	DEBIT POS	9,25
4/23	AUT 042511 DDA PURCHASE	7,2.
	WAL WAL MART SUPER 951 LAKE PARK * FL	
	4085404300969414	
4/27	DEBIT CARD PURCHASE	143.75
4/2/	AUT 042711 VISA DDA PUR	143.7
	SUNBIZ CRG FL FIG!N 850 245 6939 * FL	
	408540400969414	
4/27	DEBIT CARD PURCHASE	31.00
4/2/	AUT 042711 VISA DDA PUR	31.00
	SUNSHINE BPLANTANA FL	
4/20	4085404000969414	7/3.5
4/28	ELECTRONIC PMT-WEB	762.50
	DISCOVER E-PAYVENT 5205	27.0
4/28	DEBIT POS	31.00
	ALT 042811 DDA PURCHASE	
	7 ELEVEN HALLANDALE * FL 4085404000969414	
	Subtotal	8.694.5





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Primary Account #:

DAILY BALANCE SUMMARY				
DATE	E:_ANCE	DATE	BALANCE	
3/31	4,939.72	4/15	2,531.80	
4/1	4,398.72	4/18	1,973.30	
4/4	2,988.57	4/19	2,138.15	
4/5	2,528.57	4/20	2,475.65	
4/6	3,308.32	4/21	2,740.10	
4/7	2,856.82	4/22	2,664.51	
4/8	3,304.82	4/25	3,717.60	
4/11	3,150.22	4/26	4,167.29	
4/12	3,978.51	4/27	4,626.54	
4/13	2,355.01	4/28	5,951.29	
4/14	2,683.80	4/29	6,164.29	